

# **Improving Access to and Provision of Disability Services and Facilities for People with Disabilities in the Pacific.**

## **Disability Service and Human Resource Mapping**

**June 2012**

**Prepared by:**

**CBM Australia – Nossal Institute Partnership  
for Disability Inclusive Development**



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## ACRONYMS

ALAF	Australian Leadership Award Fellowship
AusAID	Australian Agency for International Development
CBR	Community Based Rehabilitation
CRA	Community Rehabilitation Assistants
CRPD	Convention on the Rights of Persons with Disabilities
DfA	Development for All
DPO	Disabled People's Organisation
FDPA	Fiji Disabled People's Association
FSM	Fiji School of Medicine
IE	Inclusive Education
JAWS	Job access with speech
KIT	Kiribati Institute of Technology
NGO	Non-Government Organisation
P&O	Prosthetic and Orthotic
PWDSI	People With Disability Solomon Islands
RIDBC	Royal Institute for Deaf and Blind Children
SANGO	Samoan Association of Non-Government Organisations
SICHE	Solomon Islands Centre for Higher Education
SIEDP	Samoa Inclusive Education Demonstration Program
SWIM	Short Workshops in Mission
TVET	Technical Vocational Educational Training

## INTRODUCTION

In May 2010, the Australian Government committed a new budget measure of \$30.2 million over four years, to implement its strategy on *Development for All: Towards a disability-inclusive Australian aid program 2009-2014* (DfA). One activity under this strategy seeks to improve quality of life for people with disability by supporting partner countries to improve access to and provision of disability-specific services and facilities so that women, men and children with disability can participate in social and economic life.

As a first step to determining the nature and scope of Australia's support in this area AusAID is undertaking a review of what currently exists in the Pacific (at local, provincial, national, regional and international levels). The data in this report contributes to developing a baseline information of what services and facilities exist, what challenges exist, and options or actions to address challenges experienced by people with disability in accessing affordable and quality services and facilities.

This mapping report presents the findings of a study conducted over the period August – October 2011.

## METHODOLOGY

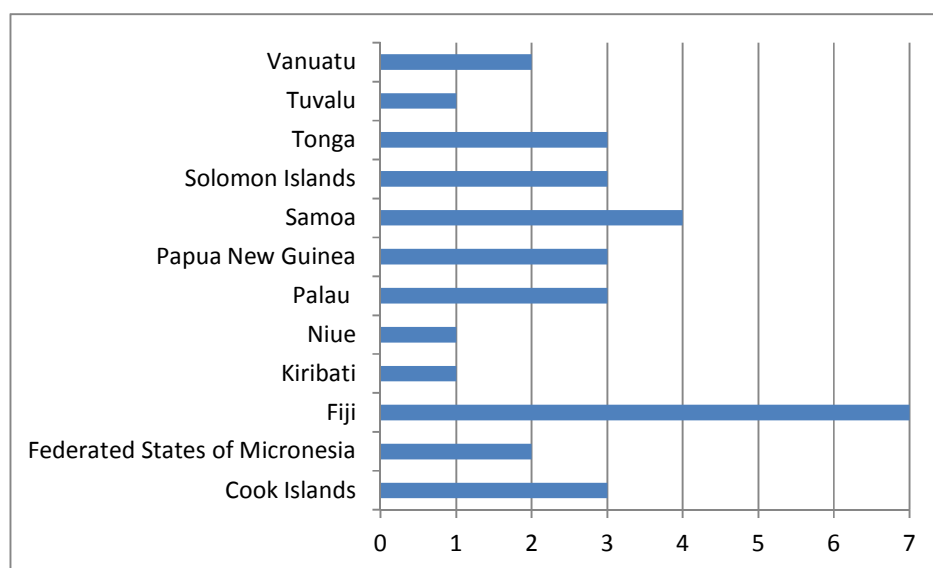
This study adopts a combination of quantitative and qualitative methods of analysis. A mixed methodology generates a more comprehensive and insightful understanding of phenomena while minimising inherent biases from single methodologies. Qualitative interviews were used to supplement quantitative information in order to yield insight into the commonalities and differences across the twelve countries, as well as deeper exploration of perceptions of service quality, and reflections on the barriers, enablers and level of inclusion for people with disabilities.

The study surveyed respondents from twelve countries of the Pacific region, including Cook Islands, Federated States of Micronesia, Fiji, Kiribati, Niue, Palau, Papua New Guinea, Samoa, Solomon Islands, Tonga, Tuvalu and Vanuatu.

In total, 74 respondents were contacted, and 33 replied. Thirty-three respondents were interviewed across the twelve countries with the number of respondents varying across countries according to a range of factors including country size, the level of development of the disability sector, and accessibility of respondents (Figure 0.1). Fiji had the highest number of respondents at seven, followed by Samoa with four respondents. Kiribati, Niue, and Tuvalu had only one respondent with the remainder of countries having either two or three respondents.

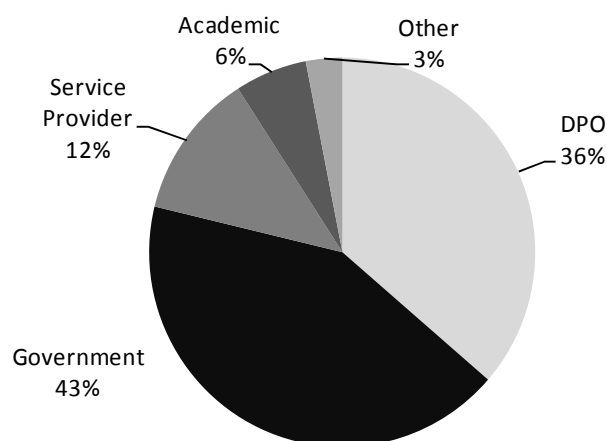
Due to constraints such as communication barriers, and the limited knowledge of some respondents about all areas under investigation, some participants chose not to provide responses for all sections of the survey. For example the respondents from Kiribati and Niue abstained from ranking the importance of disability related services.

**Figure 0.1 Number of respondents by country**



In order to elicit a diversity of responses, respondents were interviewed across a variety of organisation types (Figure 0.2). The majority of respondents were either from Government (14, 42%) or Disabled People's Organisations (DPO) (12, 36%), with the remainder from disability service providers (4, 12%), academic institutions (2, 6%), and other (a joint government and DPO response) (1, 3%).

**Figure 0.2 Organisation type of respondents**



The questionnaire for this study was designed using the World Health Organization's Community-Based Rehabilitation Matrix (CBR Matrix) and its five sectors: Health (including Rehabilitation and Assistive Devices); Education; Livelihood Programs; Social Support Programs and Empowerment Programs. In keeping with the aim of the study and disability-inclusive

research practice, two additional sectors including Human Resources and Needs and Priorities were added. Each section of the survey comprised closed and open-ended questions, consistent with the mixed methodology approach.

Representatives from AusAID post (seven in total) were also interviewed using a semi-structured interview format. The AusAID respondents were from offices in Vanuatu, Papua New Guinea, Solomon Islands, Kiribati, Fiji, Samoa and Tonga. The results of these interviews are incorporated into the qualitative results presented in this report.



## SECTION 1: HEALTH

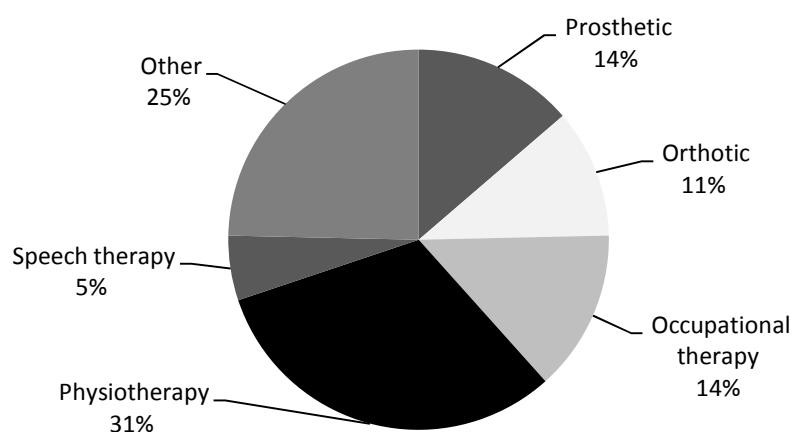
### Regional Summary of Quantitative Data

#### *Rehabilitation Services and Professionals*

A total of 38 individual rehabilitation services were recorded across the twelve countries surveyed. All countries, excluding Niue, had rehabilitation services, with Fiji and Papua New Guinea recording the highest number of services [7 each accounting for 18% of the region's services]. Services were evenly divided between government and non-government providers (47% each), with a small proportion provided by private entities (5%). Most of the services (61%) were concentrated at the national level, with the remainder divided between sub-national (e.g. province/outer island) (14%), district (13%) and community (16%) levels. A very small fraction (2%) of rehabilitation services were reported as being available at the household level.

Across the twelve countries, physiotherapy was reported as the most common service available (31%), followed by prosthetic and occupational therapy services (14% each), and orthotic services (11%) (Figure 1.1). Speech therapy services were the least common (5%), with only four countries reporting available services (Cook Islands, Fiji, Samoa, Solomon Islands). 'Other' services, which mostly included community-based rehabilitation, comprised a quarter of total rehabilitation services provided. Over one third (37%) of all service providers were located in Fiji (21%) and Papua New Guinea (16%).

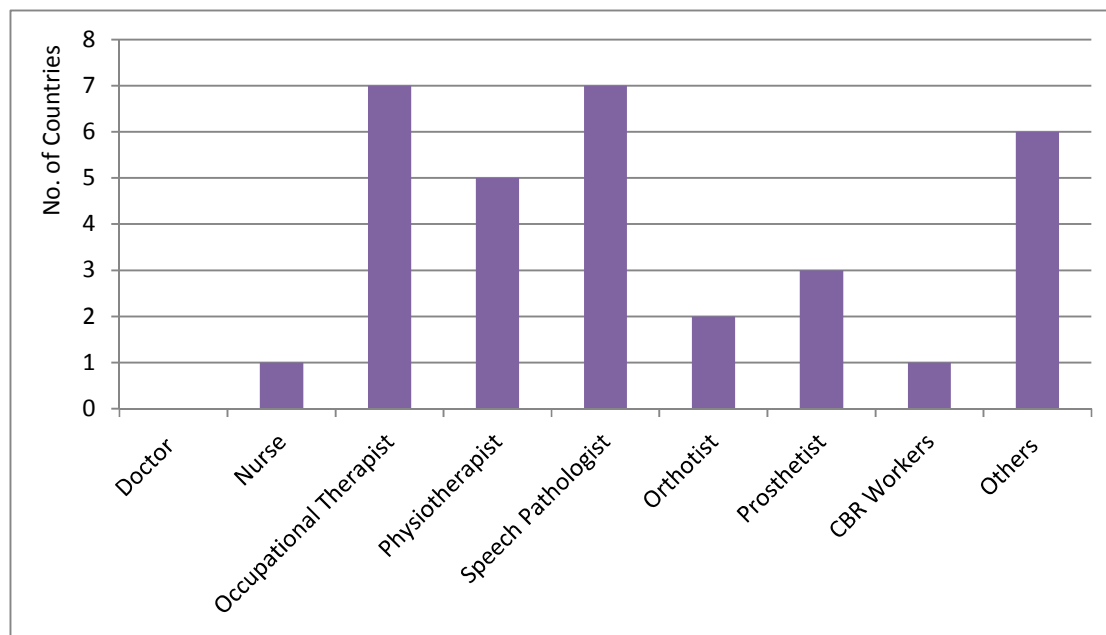
**Figure 1.1 Rehabilitation services available (by type)**



The pattern of available service professionals was similar to the distribution of available services, with physiotherapists being the most common (23%) and speech therapists being the least common (3.5%) service provider. The number of service providers that offered other professional services (e.g. occupational therapists, orthotists, prosthetists, CBR workers)

remained low at between 7-10 providers in total across the twelve countries. Speech therapists and occupational therapists were ranked by respondents as the professions that were most needed, with 7 of 12 countries ranking them as “most important”. The fourth most important service, behind ‘others’ comprising wheelchair technicians or rehabilitation assistants and related terms, was physiotherapy as recorded by 5 countries (Figure 1.2).

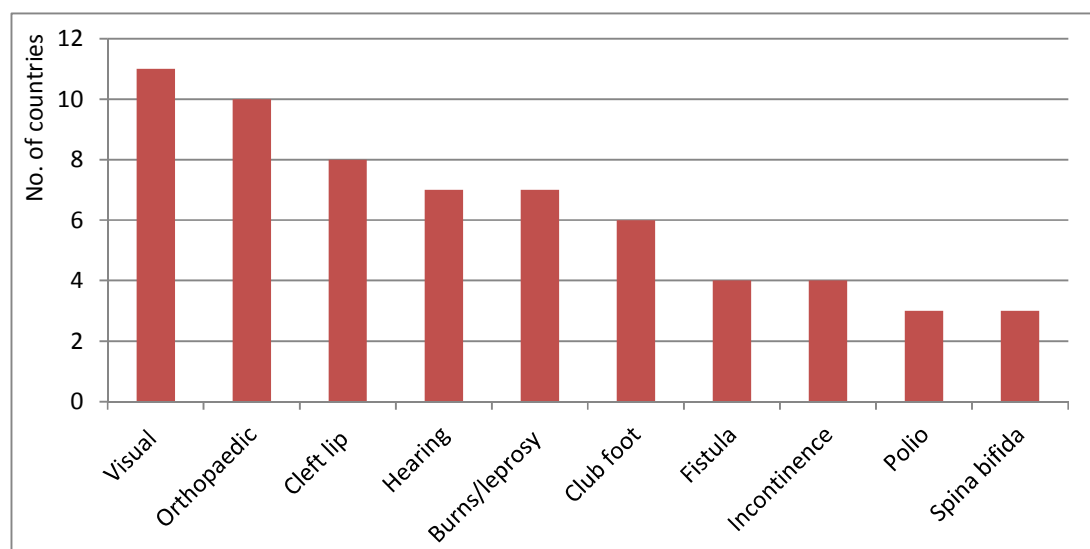
**Figure 1.2 Ranking of most important services (by number of countries)**



### *Surgical Procedures*

In terms of the availability of surgical procedures across the twelve countries, visual and orthopaedic operations were the most common, being reported in 11 and 10 countries respectively, followed by reconstructive surgery for cleft lip or palate (8 countries), for burns or leprosy (7 countries), and club foot procedures (6 countries). Operations for the correction of post Polio contractures, for management of spina bifida, correction of vesico-vaginal fistula, and for correction of incontinence were least commonly reported (between 3 - 4 countries each) (Figure 1.3). Tonga, Solomon Islands, Fiji and Palau polled most highly, respectively, in the availability of surgical procedures.

**Figure 1.3 Available surgical procedures (by number of countries)**



#### *Assistive Devices*

Mobility-related assistive devices were the most commonly available assistive device at service providers. Of the total number of available assistive devices reported across service providers, approximately 60% were mobility-related assistive devices, including wheelchairs (19%), crutches (19%), walking frames (13%), and white canes (8%). The next most commonly available devices were orthoses (9%) and prostheses (8%); however, 40% of these service providers were located in Papua New Guinea (approximately, one-third of the total service providers which supplied assistive devices were in Papua New Guinea). Hearing aids were least commonly available (5%), with only three service providers in Papua New Guinea, and one each in Samoa and Tonga reporting the availability of hearing aids.

#### *Inclusive Health Promotion and Prevention Programs*

Health promotion and prevention programs were present in all countries surveyed with childhood immunisation and nutrition education programs being the most common (all countries). Sanitation education, as well as road safety and accident prevention programs were present in all countries except Kiribati, and safe drinking water education programs were reported in all countries, except Kiribati and the Federated States of Micronesia. Work safety programs were less common, with six countries reporting, namely Cook Islands, Fiji, Kiribati, Papua New Guinea, Solomon Islands and Tonga.

## Regional Summary of Qualitative Data

### *Rehabilitation Services and Professionals*

It is encouraging that respondents from all Pacific Island Countries were able to report the existence of rehabilitation services. However, with the exception of a few Pacific Island Countries (namely, Fiji, Papua New Guinea and Solomon Islands) these services were mostly available through the national hospital, indicating that while acute care can be accessed in the major urban areas, the availability of professional rehabilitation services declines in rural areas and outer islands. With the exception of the few private health care providers, out-patient services were reported to be free of charge. However, this does not take into account the indirect cost of accessing services such as transport, accommodation or food, and it does not include in-patient fees upon admission for procedures.

While physiotherapy was the most common service offered, on more than one occasion respondents observed that the availability of these services was not always consistent due to competing demands for the professionals such as providing support to the national sports team (as was noted for Tuvalu and Tonga). Whilst Prosthetic and Orthotic (P&O) services were available in a few countries, there were no objective measures in the study to ascertain the quality of services provided, one respondent questioned whether the post-operative care and fitting of prosthetic limbs were of adequate quality (e.g. in Tonga). Although the quantitative data collected indicates the availability of occupational therapists, respondents in this study described that occupational therapy services were mostly provided by professionals on short-term or volunteer contracts. Therefore, by confining a focus to permanently available services provided by local professionals, the availability of occupational therapy services would decline sharply. In general, respondents ranked occupational and speech therapy services as those most needed, owing to the critical lack of local, permanent professionals and due to the importance of early intervention programs for children and for post-stroke support.

The continuous availability of rehabilitation services as provided by non-government organisations (NGOs) also varied according to their fluctuating funding, with many reporting that they did not have consistent sources of funding for their programs. As an example, in the Cook Islands, *Te Vaerua Community Rehabilitation* had been able to, for a period, provide follow-up for people with disabilities after they were discharged from hospital to develop personal rehabilitation programs. However, this service is no longer operating due to a lack of funding.

In countries where rehabilitation services were available at the community level, for example in Fiji, Papua New Guinea and Solomon Islands, these services were very much valued by people with disabilities. One Fijian respondent commented that, “physiotherapists stay at the hospital level and do not visit the communities. This is why the Community Rehabilitation Assistants (CRAs) are very important as they are the ones that try to reach the communities, but even they are spread thinly. We need more CRAs as they reach into the villages”. Community-based workers were often the first point of contact and were able to provide referrals to appropriate services, link with mechanisms for the distribution of assistive devices, and provide advice to family members on appropriate support and care. Where post-operative care was required,

community-based workers could monitor the situation, and ensure that when visits were required to physiotherapists or hospitals, that these referrals were made in a timely manner. Respondents from Fiji and the Solomon Islands noted that, though viewed as valuable, there were not enough workers operating in the community, particularly in the most remote and rural areas.

Training opportunities for rehabilitation professionals are severely limited in Pacific Island Countries. The *Fiji School of Medicine* is the main training hub for physiotherapists across the Pacific, with up to 40% of each graduating class (around 8 – 12 students a year) from countries other than Fiji. Papua New Guinea's *Divine Word University* also has the capacity to train physiotherapists, although few respondents in this study identified this regional training centre. Formal training in Community-Based Rehabilitation (CBR)<sup>1</sup> is only available in Fiji and Papua New Guinea. The *Solomon Island Centre for Higher Education* has also recently initiated a pilot diploma program in CBR. As far as could be ascertained, no training programs are available for speech or occupational therapists or other rehabilitation professionals. Respondents from most government and NGO services mentioned opportunities for professional development or 'top-up' training on an ad-hoc basis, typically provided through visiting specialists or professionals on temporary placement within a country. One innovative practice is the regular professional development provided at SENESE through weekly video-conferencing with the *Sydney Cochlear Implant Centre* and the *Royal Institute for Deaf and Blind Children (RIDBC)*, also in Sydney.

#### *Assistive Devices*

Respondents reported that many rehabilitation services, both government and non-government were able to provide assistive devices for free or low cost. However, informants raised many concerns about the suitability of the devices provided for the Pacific Island context, many of which can were second hand, or only intermittently available. For example, in Vanuatu, the *Vanuatu Society for Disabled People (VSDP)* received a donation of wheelchairs that were not suitable for the island terrain. Previous experience of inappropriate donations had even prompted some organisations, such as the *Fiji Spinal Injuries Association*, to develop a list of assistive devices that were needed, along with a request for toolkits and items for their repair and maintenance. Services and assistive devices for people with hearing impairments are rare. This study identified only one organisation, *SENESE in Samoa*, which has been able to provide cochlear implants and appropriate follow-up for young people with hearing impairments.

#### *Inclusive Health Promotion and Prevention Programs*

The study found that whilst some form of health promotion and prevention programs are running in all Pacific Island Countries, with a few exceptions, programs are not inclusive of people with disabilities. Respondents noted that health prevention and promotion programs are delivered to the general public and so people with disabilities who have access to a radio or television can, like other people, access health promotion messages that are broadcast. One exception was Samoa where some televised

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<sup>1</sup> Although the study was not able to fully explore the CBR training curriculum in institutions where the program is offered, a discussion with informants suggests that CBR training and practise in the majority of Pacific Island contexts is weighted towards providing rehabilitation in the community, and referrals to other services such as education or livelihoods where available. CBR in this context, thus, differs significantly from the WHO model.

nutrition education programs included sign language. In another instance, *Bethesda Disability Centre* in the Solomon Islands, a disability-specific service provider, had developed their own health promotion programs on topics such as nutrition, hygiene and sanitation education for all students enrolled at the centre.

## Country Specific Data

**Cook Islands:** Government rehabilitation services are provided through the *Raratonga Hospital Physiotherapy Unit* which is run by a trained local physiotherapist. They are able to distribute assistive devices such as wheelchairs, walking frames and crutches. There are costs associated with services and assistive devices. Clients from outer islands requiring services are referred by their doctor to the services at *Raratonga Hospital*. One respondent reported that follow-up support is urgently required as patients are discharged from hospital to “unsafe or unsuitable home environments with no advice or assistive devices”. For access to P&O programs, people with disabilities are usually flown to New Zealand. The Cook Islands has two rehabilitation programs offered by NGOs through *Te Vaerua Community Rehabilitation* and *The Creative Centre*. *Te Vaerua Community Rehabilitation* is run by volunteers and provides physical therapy, occupational therapy and home support. When they have donations of assistive devices in stock they are able to provide these to their clients. Services are mostly provided on Raratonga, and when funding is available, to the outer islands. There are no official fees for services; rather clients are asked to make a donation. *The Creative Centre*, funded by NZAID and the Ministry of Education, primarily runs vocational programs for adults but occasionally a physiotherapist is available. Respondents reported that services are of good quality when they are available but that they are generally provided by volunteers from private practice who are in the Cook Islands on holiday for a short period of time.

There are no training programs in the Cook Islands for rehabilitation professionals. Respondents reported a great need for all types of therapists, since there are almost none that are permanently based within the country. This includes physiotherapists, occupational therapists and speech therapists, as currently there are no services at all for people with speech impairments or post-stroke support. Our interviews also revealed that burn out for family members and care-givers is high and home support workers would greatly relieve the burden on family members.

*A case study from the Cook Islands: Te Vaerua Community Rehabilitation* employed a physiotherapist who saw patients due for discharge from Rarotonga Hospital or people with disabilities in their homes. The physiotherapist set up personal rehabilitation programs and included family members and the Home Support Worker in this planning. The physiotherapist was also able to travel to the outer islands to develop similar programs for people with disabilities in more isolated areas. Unfortunately, this program has been curtailed due to lack of funding.

**Federated States of Micronesia:** The *Pohnpei State Hospital* provides free rehabilitation services but has limited assistive devices available. However, there are no outreach programs to serve residents of the outer islands. A private hospital, *Genesis*, reportedly had more modern, though more expensive facilities and services. For most corrective surgical procedures patients must travel to the Philippines or Hawaii. Recently, the *Pohnpei Consumer Organisation* received a donation of wheelchairs from the *Rotary Club of Japan*, which they have distributed. The government's Special Education Program distributes assistive devices to children with disabilities under the age of 21, however, according to one stakeholder; the program rarely purchases or distributes assistive devices due to a reportedly low incidence rate of disability. The Education Department reported however that it is making every effort to ensure children with disabilities who need rehabilitation services or assistive devices are provided with the necessary support. The same respondent noted that the country has a growing population of older citizens who are vulnerable to non-communicable diseases which lead to impairments such as amputations. Ensuring adequate medical, rehabilitation support and assistive devices for this growing population is important but FSM government requires technical support for this to occur. Health promotion activities, including childhood immunisation programs, are being conducted in FSM; however awareness raising and information materials are not available in accessible formats.

**Fiji:** The Ministry of Health provides rehabilitation services based out of the *Tamavua Rehabilitation Centre*. This centre provides physiotherapy and prosthetic services, but it is reliant on international volunteers to provide occupational therapy support. Services and assistive devices are available on a "user pays" basis. Services extend from the national to community level through a network of community health centres where Community Rehabilitation Assistants (CRA) identify people with disabilities, make home visits, provide assistance with care and support to care-givers and family members, and make referrals to relevant health professionals. Rural isolated areas are not covered by the rehabilitation sector as physiotherapists are hospital-based and not usually available at health centres. For this reason, CRAs, though very important, need to have better coverage in the remote and rural areas of Fiji. The *Spinal Injuries Association (SIA)* receives donations of assistive devices and medical equipment such as second hand wheelchairs, crutches, canes, catheters and urine bags from the donor *PhysionetUK*. However, when these are not available, people with disabilities have to secure items privately through local pharmacies, for which the cost can be prohibitive.

*The Red Cross* also sells some assistive devices. *The United Blind Persons of Fiji (UBP)*, which has 300 registered members, provides aids such as white canes, spectacles, and talking watches etc, however its operations are limited to Suva. Respondents indicated that assistive devices overall are not of good quality or appropriate for the context. Donated items are not customised to meet the needs of the individuals receiving them. Recently, SIA has been more explicit in specifying its needs to donors. It has also requested, and received, spares and tools to fix equipment. Rehabilitation professionals are most needed in the areas of psychosocial support, speech therapy, occupational therapy and P&O.

As mentioned previously, CRAs play a vital role in reaching people with disabilities who are not located in urban settings or close to rehabilitation services, and linking them into available services. Physiotherapists are trained at the *Fiji School of Medicine* where many of the physiotherapists currently working across the Pacific also receive their training. Physiotherapy students receive some exposure to speech therapy and orthotics through training provided by visiting experts throughout the course of their 4-year degree program. According to a respondent at the *Fiji School of Medicine*, non-Fijian Pacific Island Country students usually make up 40% of the graduating class (around 8 – 12 students a year). CRAs receive 1-year, certificate-level training. Caregivers of people with disabilities can also receive some informal training at the *Tamavua Rehabilitation Centre*.

**Kiribati:** In Kiribati, the *Tungaru Rehabilitation Services* (at the Ministry of Health) provides physiotherapy, P&O, wheelchair service delivery and weekly CBR. Mobility aids are available at a subsidised price (namely, crutches, walking frames and prosthesis), whilst wheelchairs are available free of charge through a partnership with *Motivation Australia*. *Motivation Australia* has also provided training for two physiotherapists and two P&O technicians in wheelchair service delivery. Informants reported that they believed that Kiribati has one of the best prosthetics centres in the Pacific, although the technology used is Australian and, as such, requires expensive materials. The centre could be modified to use more context-appropriate materials; however this would require a change to the machines and some re-training of the two current technicians. The provision of outreach services to outer islands is one of the biggest challenges. The Ministry of Health has provisions to fund two outreach trips per year. Given that there are 21 inhabited islands, this means that outreach visits to each island occur once every decade. In 2008, *Motivation Australia* funded a pilot study in partnership with TRS and the National DPO to assess the feasibility for outreach, but concluded that this activity would be too expensive for the organisation to sustain. Respondents reported that there are no occupational or speech therapists in Kiribati, and currently no trained CBR workers. One respondent reported that the Ministry of Health plans to recruit these personnel and then equip them with the necessary skills.

**Niue:** The one respondent from Niue who participated in this study reported that there were no rehabilitation, surgical services or programs for people with disabilities.

**Palau:** Palau's Ministry of Health provides some physical therapy and counselling services at the *Palau National Hospital*. Assistive devices including crutches, prostheses, orthoses and splints are also available. Recently, the *Omekasang Association* procured and distributed a small



number of wheelchairs. A number of surgical procedures such orthopaedic surgery, and correction of incontinence, are addressed by local surgeons. Visiting specialists, who visit Palau twice a year, perform operations for visual and hearing impairments. The *Shriners Hospital* in Hawaii coordinates with the *Palau National Hospital* to provide surgical support for children with disabilities on a yearly basis. Aside from in-service professional development, no formal training is available for disability-related professionals.

Respondents reported the need for a wide range of disability-related professionals including mental health practitioners, speech therapists, occupational therapists, wheelchair technicians and health promotion workers. The latter request is related to an increase in lifestyle-related diseases for which nutrition and lifestyle counselling programs are needed.

**Papua New Guinea:** With some of the most developed physiotherapy and prosthetics network in the Pacific, services in Papua New Guinea are delivered through a combination of government and NGO programs that are coordinated through the *National Board of Disabled Persons*. Government initiatives are delivered through the *National Orthotics and Prosthetics Service (NOPS)* based in Port Moresby, with regional centres in Mount Hagen, Aitape and Rabaul. According to one respondent NOPS provides wheelchairs and have recently had 4 P&O staff return with formal Category II training, with another 4 P&O staff returning this year. For the region – this is huge *Callan Services* provides physiotherapy, CBR<sup>2</sup> and assistive devices through a network of 22 Special Education Resource Centres across Papua New Guinea. *Cheshire Disability Services* provides similar services but is geographically limited to Port Moresby. Some respondents reported that despite funding shortfalls the coverage and quality of services are very good, while other respondents indicated that the quality of services varies considerably across the country. There were mixed reports on payment for services and assistive devices, which some respondents indicated are supposed to be free, but in other instances payments are being requested for the issuing of assistive devices. Unfortunately neither of the two main service providers, *Callan Services* nor *Cheshire Disability Services* were able to provide information to this study on their respective programs. This is required to develop a more comprehensive mapping of the availability and coverage of services in Papua New Guinea.

With the exception of sanitation education programs, people with disabilities are not generally included in health promotion programs.

Physiotherapists are trained at *Divine Word University* on a fee paying basis, though there are plans to develop a scholarship program. A certificate-level program in CBR which in previous years, was delivered by *Callan Specialist Health Services*, did not occur in 2011 reportedly due to funding constraints.

Respondents expressed a need for disability specialists in the areas of orthopaedics and speech therapy. One respondent suggested that professionals are urgently needed to work with

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<sup>2</sup> Please see Footnote 1 for an explanation of CBR in the Pacific Island context.

paraplegic and quadriplegic individuals to prevent bed sores and other complications which lead to deteriorating health conditions.

**Samoa:** Respondents report that in Samoa, rehabilitation services for adults are only available at the *Motototua National Hospital* in Apia. Adults from outside Apia are also referred here. Physiotherapy and P&O services are available at no cost, but patients must pay for assistive devices. The current rehabilitation space at the hospital has recently undergone a renovation; however respondents reported that the lack of adequate equipment results in sub-optimal services. However, according to one respondent there are no functioning P&O services in Samoa, with the current orthotist lacking formal qualifications, facilities, equipment and materials. *Loto Taumafai Early Intervention Program* receives referrals from the *Motototua National Hospital* to provide physiotherapy, occupational therapy, speech therapy and orthotic services to 300 clients up to 7 years of age. Most of the professionals are visiting specialists on volunteer placements and assistive device provision includes second hand donated wheelchairs, walking frames, crutches, arm and leg splints, canes, books and educational toys. Respondents from the organisation report that services are provided at the national and community levels with coverage across Samoa. *SENESE* also partners with the *Motototua National Hospital* to provide hearing and vision support and assistive devices. With an in-house speech therapist and hearing aid technician, *SENESE* is able to provide cochlear implants, hearing aids and FM systems free of charge. *SENESE* also works through the *Motototua National Hospital* to provide vision services including locally made spectacles, low vision aids, and white canes. Currently, *SENESE* is working with the national health system in developing a proposal for national hearing services, including a skilled labour force.

Surgical procedures such as for hearing impairments or complicated orthopaedic surgeries are either referred to Australia, New Zealand or the United States or are performed by visiting specialists. There are few permanent rehabilitation professionals in Samoa. Current practitioners such as the occupational therapist at *SENESE*, a physiotherapist and the speech therapist at *Loto Taumafai* are expatriates on volunteer or temporary contracts. *SENESE* provides training for vision screening to teachers in local schools, and professional development for hearing professionals is done through weekly video-conferencing with the *Sydney Cochlear Implant Centre* and the *Royal Institute for Deaf and Blind Children (RIDBC)*, but outside of these opportunities no formal academic programs are in place.

Respondents report a need for Samoan speaking speech therapists, occupational therapists, P&O technicians and wheelchair technicians that are in country on a permanent basis.

*A case study from Samoa:* A television show featuring the work of an early intervention program, including rehabilitation and treatment for young children, was aired on national television. The publicity from the airing of the program led to an increase in self-referrals from parents seeking support for their children.

**Solomon Islands:** In the Solomon Islands physiotherapy and P&O services are provided at the national referral hospital; however this is mostly for acute care. Feedback indicated that the retention of rehabilitation related staff is an issue, with Solomon Islander staff that were providing physiotherapy and occupational therapy services having left to work overseas resulting in an “acute shortage” of staff. Assistive devices such as wheelchairs, walking frames and crutches are provided free of charge. While there is a prosthetic and orthotic service, the facility is run-down and currently not functioning. As many of the patients travel from rural areas to receive services, they may face lengthy waits in the city whilst awaiting the provision of devices, and also have to bear the cost of transporting the device on the return journey home. Some surgical procedures such as club foot surgery and eye surgery are available on a permanent basis at the national referral hospital, but most impairment related surgeries (e.g. for cleft lip / palate) are arranged through visiting specialists. *SWIM (Short Workshops in Mission)* has assisted in sending some children overseas for surgeries such as shunt installation for hydrocephalus management and for major congenital heart conditions. A number of health promotion programs are currently being conducted by the government but none are explicitly inclusive of people with disabilities. *Bethesda Disability Centre* incorporates some health promotion training, such as nutrition education and good hygiene practices, into its general training, but this is only available to students who are enrolled at Bethesda.

The Solomon Island’s flagship government CBR program is run in all but two provinces. CBR workers mainly provide advice and therapeutic exercises for people with disabilities and their family members to maintain. Recipients of CBR services are initially enrolled at rural clinics, and then CBR workers follow-up in person. However, due to limited staffing and to other issues such as limited financial capacity and logistical limitations, a comprehensive range of services is not always available. In response to questions on the perceived quality of services, one respondent reported that CBR services should be implemented using the CBR matrix as a framework for service delivery, expanding from the current focus on rehabilitation. The CBR Unit partners with the *Bethesda Disability Centre* to identify and refer potential students, and then provide follow up with students upon their return home. The CBR Unit is also partnered with *Motivation Australia* which has resulted in improved capacity to provide wheelchairs and seating assessments.

*Motivation Australia* reports that it has conducted a rapid assessment with a view to improving the capacity of the government-run rehabilitation workshop which is currently staffed by one P&O technician. The current needs are to provide formal training for at least two P&O personnel; improve how equipment and stock are maintained and repair the structure of the building .

The *Solomon Islands Centre for Higher Education (SICHE)* is currently running a pilot diploma-level in CBR. Follow-up training for CBR workers is managed by the Ministry of Health. *Motivation Australia* is working with the CBR Unit and *SICHE* to integrate the World Health Organisation Training Package in Wheelchair Service Delivery (basic level) into the *SICHE* CBR Diploma.

Physiotherapists receive their training at the *Fiji School of Medicine* whilst respondents report that other rehabilitation professionals are trained in either Australia or New Zealand. Currently

there are no Solomon Islander occupational therapists working in the country. A local wheelchair technician receives on-the-job training but would benefit from peer-based support or attendance at short courses. Respondents report that occupational and speech therapists are urgently needed. Due to increases in amputations and a heightened demand for prosthesis more staff are needed in this area as well.

*A case study from the Solomon Islands CBR Unit: "A boy sustained spinal cord injuries when he was 7 years old. Through physiotherapy in his home and community, he was able to use a baby walker to move around his home and village. CBR workers followed-up with him continuously and at 11 years he was issued with a wheelie walker. He wasn't able to attend school because of the hour long walk, so we provided him with books, which his mother used to teach him at home. When he turned 18 years, we invited him to attend our wheelchair prescription training, where he received a wheelchair and the skills to move around. Later we enrolled him in our newly opened vocational school for people with disabilities. After completing the 8-week training, he is now employed with World Vision as a filing officer. He is very happy to earn money independently. These successes have been facilitated through the CBR Program in Solomon Islands."*

**Tonga:** Government support for rehabilitation is largely provided by one full-time physiotherapist at the *Viaola Hospital*, however as the physiotherapist has many commitments (including for example support to national sports teams) his services may not consistently be available. A short term prosthetics clinic was recently held with the support of visiting specialists; however one respondent suggested that there are concerns about the quality of the services. Concerns have also been voiced over the skills of the medical professionals to carry out amputations and to provide post-operative care and wound management. This can affect the fitting of a prosthetic limb. The same respondent reported that 70 amputees visited the centre for a limb fitting but only 7 received limbs due to the condition of the recently operated stumps. Other organisations providing rehabilitation-related support are the *Red Cross OTA Centre* and *Mango Tree*. The *Red Cross OTA Centre*, a special school for children with disabilities offers, weekly physiotherapy sessions which are performed by staff with no formal therapy qualifications, but who have participated in trainings run by visiting professionals. According to one respondent, assistive devices are available for use at the centre but they appear to be old and not being used. *Mango Tree* provides more comprehensive services and has access to a larger pool of resources. *Mango Tree* staff have received training, engage with overseas therapists and have also been to New Zealand to increase knowledge and skills. With an increase in non-communicable diseases (NCDs) there is growing need in Tonga for a range of services particularly around amputation, access to rehabilitation, wheelchairs and wound management which, according to respondents, is currently very limited. Respondents are unaware of any government plans to increase resources or the number of professionals operating in this area.

**Tuvalu:** There are very limited services for people with disabilities needing health or rehabilitation-related support on Tuvalu. A local physiotherapist trained at the *Fiji School of Medicine* operates from the *Princess Margaret Hospital* in Funafuti. However his duties also include travel to support the national soccer and rugby teams and he is therefore not always present at the hospital. Though services are free, assistive devices are only available on loan. *The Red Cross*, through Japanese donations, distributes assistive devices such as wheelchairs, walking frames and crutches. Information is not available as to the appropriateness and regularity of these distributions. The Tuvalu government arranges yearly visits from specialists for surgical support. Health promotion programs are generally not inclusive of people with disabilities, with the notable exception of an HIV/ AIDS Education program.

**Vanuatu:** Little information was gathered on rehabilitation and other health related services for people with disabilities in Vanuatu, however according to one respondent, the *Vanuatu Society for Disabled People (VSDP)* based in Port Vila runs a P&O program and used to provide assistive devices but is currently not doing so. Assistive devices are expensive and are generally procured privately. Second hand wheelchairs received by VSDP have also been distributed but according the same respondent, are unsuitable for rural areas. The organisation has four untrained fieldworkers and reaches about 1,000 individuals, mostly in the Port Vila area. Aside from the donation of the building that VSDP operates from, little other support is provided around rehabilitation for people with disabilities by the Vanuatu government. Currently, no special measures are taken to include people with disabilities in mainstream health promotion programs.

## SECTION 2: EDUCATION

### Regional Summary of Quantitative Data

#### *Availability of Inclusive and Special Education*

In response to the open question about the availability of inclusive or special education programs, all but two countries, Kiribati and Tuvalu, reported offering at least one type of education program accessible to persons with disabilities. Fiji recorded education programs available across all 10 domains, specifically: inclusive education (pre-school/primary school/high school/university); special schools (pre-school/primary school/high school); community; household; and residential.<sup>3</sup> Papua New Guinea and Samoa also polled highly, with education programs across 9 of the 10 domains.

#### *Educational Institutions*

Programs were evenly divided between government and non-government providers (38% each). Each of the five education programs reported in Samoa was provided by NGOs, accounting for 40% of all non-government provided programs. Five programs (15%) were provided by church-based NGOs, and two programs (6%) were provided by private organisations, both of which were located in the Cook Islands. One program was provided by a DPO, located in Vanuatu.

The vast majority (71%) of programs were provided at the national level, with a significant proportion of the remainder offered at the sub-national level (24%). One program was reported at the district level (Tonga) and one at the village level (Cook Islands).

Inclusive education programs were the most common type of education available within the countries surveyed, offered by all but two countries, Tuvalu and Kiribati (Figure 2.1). Inclusive education programs were most commonly provided at the primary school level, as recorded in all the providing countries, with high school and pre-school levels slightly less prevalent (9 and 8 countries, respectively). Six of the ten provider countries offered inclusive development programs at the university level.

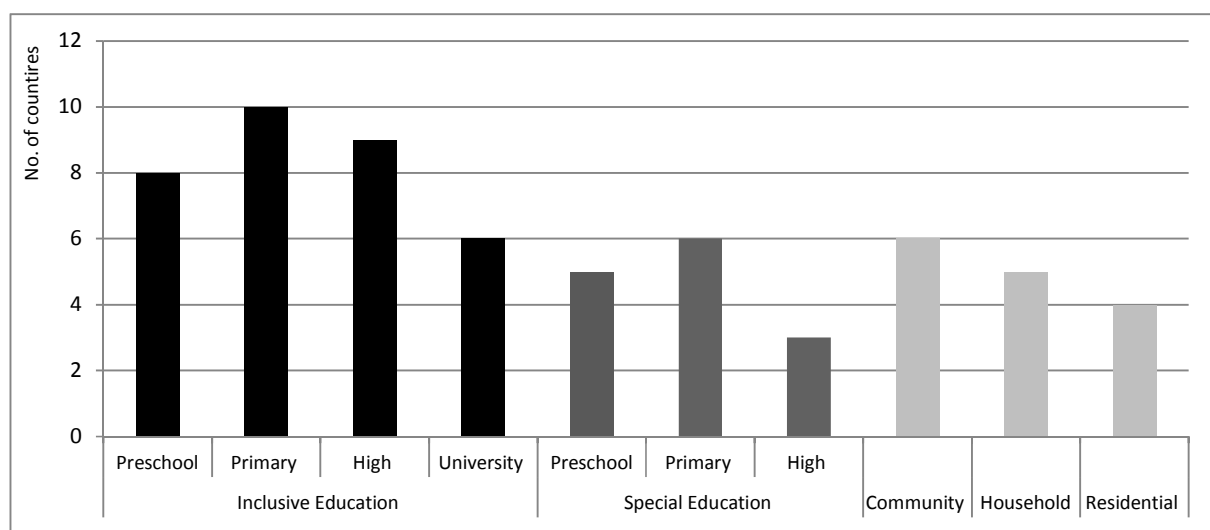
Half (6) of the countries surveyed offered special education programs, with primary school programs being the most common (6), followed by pre-school (5) and high school (3) programs (Figure 2.1). In total, 13 special education programs were reported, with Samoa reporting the highest number of programs (4).

Community-based education programs inclusive of persons with disabilities were reported in six countries whereas disability-inclusive household and residential education programs were reported in five and four countries, respectively (Figure 2.1). The number of these programs reported was low (2-3), with Papua New Guinea being a key provider.

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<sup>3</sup> Education programs are divided into 'formal' and 'informal' programs as per the CBR Matrix (WHO). Formal programs are those that take place in recognised institutions, whereas informal programs refer to educational activity that takes place outside the formal system within the community, household or other residential settings.

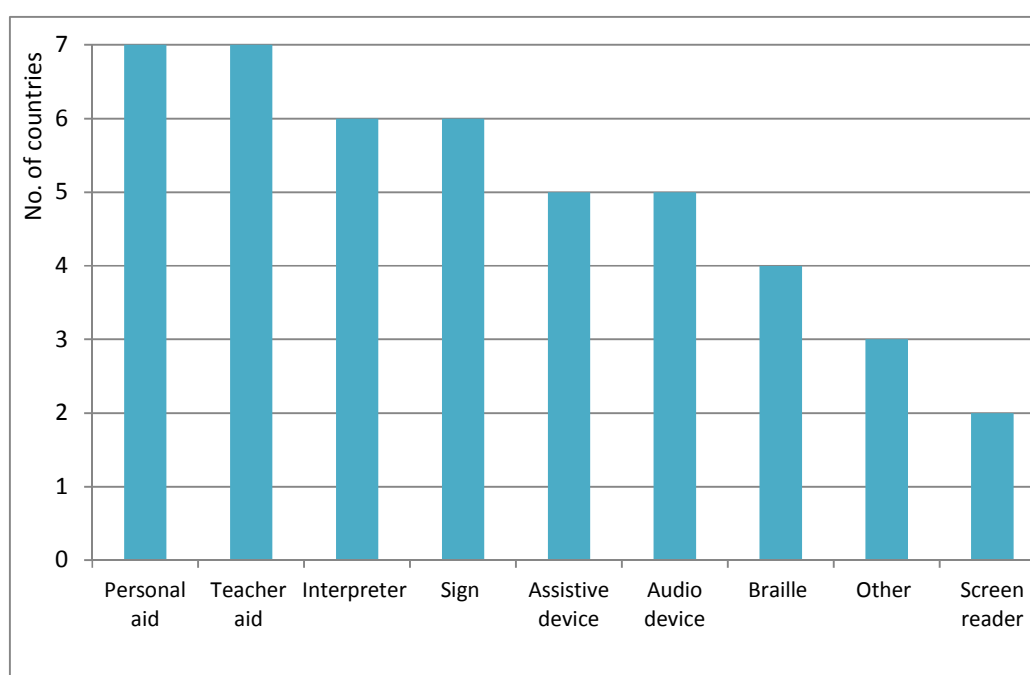
**Figure 2.1 Education programs available by program type (number of countries)**



### *Student Support Services*

In terms of support services, seven of the ten countries providing inclusive education reported teacher aides and personal aid support (Figure 2.2). Six countries reported interpreter and sign language support, and audio devices were reported in five countries. Braille was reported in four countries and two countries reported screen reader support. Fiji, Cook Islands, Palau and Samoa recorded a high number of support services overall (7-8) whereas Vanuatu and Niue reported no support services.

**Figure 2.2 Education support services (number of countries)**



## Regional Summary of Qualitative Data

### *Availability of Inclusive and Special Education*

Data from this study indicated a diverse range of education programs and services for children with disabilities across the Pacific. Countries such as Fiji and Papua New Guinea have a large number of educational institutions that engage with children with disabilities, and also have the capacity train teachers in inclusive or special education. Other countries such as Niue and Tuvalu have much more limited scope to provide education for children with disabilities or training for the teachers who work with them.

Several Pacific Island Countries such as Fiji, Papua New Guinea and Samoa deliver both inclusive and special education programs, whilst others such as FSM and Palau have an exclusive focus on inclusive education. Results show a slightly higher number of inclusive education facilities than special education facilities, reflecting the trend that Pacific Island Countries are moving towards inclusive education. Currently, special education is mostly provided by non-government organisations. It is unclear how well these service providers are coordinating with government to ensure that, where possible, children with disabilities are linked to mainstream schooling. This is especially a concern for older children with disabilities, where the number of high-school level special education programs decreases, and when it becomes necessary to transition to mainstream high-schools and vocational or tertiary academic institutions. At the tertiary level, only one provider, the *University of the South Pacific's* Fiji Campus is working on measures to make the infrastructure of campus and dormitories physically accessible, which may be an indication that across the Pacific, students with disabilities graduating from high school face barriers in pursuing tertiary level schooling.

Although outside the scope of this study, interviewees noted that several Pacific Island Countries have either recently developed or are in the process of developing inclusive education policies. The existence of such policies has lent legitimacy and direction to the inclusion of children with disabilities, and has enabled better support and resourcing within the Ministries of Education. Inclusive education is furthered by the appointment of dedicated officers, as is the case in Tonga and Samoa. However respondents noted that for this role to be most effective, the officer must be trained and equipped for the task of providing support, training and advice. Interviewees highlighted some innovative approaches to the development of inclusive education policies. In Vanuatu, three disability and education stakeholders embarked on a study tour of education services in Papua New Guinea, and combined this with Vanuatu-based consultations for the development of an inclusive education policy which one respondent described as 'rights-based, barrier-free and inclusive'.

In practice, there are several innovative approaches to supporting the inclusion of children with disabilities within education. In Papua New Guinea, *Callan Services* operates 22 Special Education Resource Centres located across the country, providing special education, inclusive education and home-based education support. Supports available for educating children with disabilities include assistants, interpreters, Braille systems and sign language training. Respondents reported that the coverage of these services is wide and outreach programs reach



students in remote areas. Although this study was unable to gather first hand information from *Callan Services*, respondents indicated that the services provided are of good quality.

Another innovative program is the *Samoa Inclusive Education Demonstration Program (SIEDP)* which aims to support systems change among regular education providers, allowing children with disabilities to attend their local schools. Families are also offered support to advocate for their children. *SENESE* partners with the Samoan government to up-skill staff of early childhood centres, conduct outreach visits to 70 government and mission schools. Vision screening programs are also run in primary schools with the aid of 49 trained teachers. 70 children have been tested and fitted with hearing aids and four have received cochlear implants. Since its inception in 2009, the program has supported 160 students to access early intervention and support, with new referrals made every day. *SENESE* has strong partnerships across the health and education sectors which foster linkages between the sectors and enables a strong continuum of care and support. A particular strength of this program is the combination of assistive device provision, and support to inclusive schools.

As inclusive education is rolled out across the Pacific, the provision of appropriate training for teachers within mainstream schools becomes increasingly important. There are few academic institutions across the Pacific that currently train teachers in inclusive or special education. University programs in Fiji, Papua New Guinea and Samoa are the exceptions. Respondents report that appropriate training for teachers is urgently required, as is in-service training and follow-up support for teachers who will ultimately be responsible for the inclusion of children with disabilities in many of the Pacific Island Countries where inclusive education is currently being implemented.

#### *Student Support Services*

Quantitative data collected for this study demonstrated that education support services such as teachers' aides, interpreters and Braille learning systems are low across the Pacific. This will be a major challenge to effective inclusion of children with disabilities in mainstream classrooms. In the Cook Islands, teachers' aides are provided with two weeks of training and participate in a practicum, but no other such programs were observed. Ministry of Education personnel responsible for rolling out inclusive education will need to carefully consider how best to provide the support services required for inclusion. In countries where little support is available, as is the case in Vanuatu, children who require few adaptations are accommodated, whilst children who require more extensive support remain outside the schooling system. There is a danger that as the focus shifts to inclusive education, without appropriate training for teachers and supports within the classroom, children who require extensive adaptations will face complete exclusion from the school system and from learning and skills development.

Although this study did not specifically explore the accessibility of built infrastructure in schools, the increased focus on inclusive education means that old school buildings will require retro-fitting, and standards will need to be developed for the schools that incorporate universal design principles. In Vanuatu, AusAID is supporting the piloting of hybrid accessible schools using locally available materials – which, if successful, could potentially be adapted for use in other Pacific Island Countries.

Several respondents mentioned that the attitudes of parents are a barrier to education for children with disabilities, as many are “protective” and reluctant to leave children outside of their supervision. This may be an area where the Ministry of Education could partner with DPOs in targeting advocacy messages to parents of children with disabilities.

## Country Specific Data

**Cook Islands:** In the Cook Islands, children with disabilities are able to access inclusive primary and secondary schools. There are few resources for inclusion but provisions exist for part-time teachers’ aides for a few hours of each school day. Two recent initiatives, the *Cook Islands Early Identification and Intervention Project* and the *Cook Islands Inclusive Education Policy* will form the backbone of inclusive education in the country. The *Early Identification and Intervention Project* ensures that children with disabilities are identified and referred onto appropriate health, education and other programs, in coordination with relevant ministries and NGOs. A central database will enable monitoring of the identified needs of each child and that appropriate services are being provided. The *Cook Islands Inclusive Education Policy* is a comprehensive plan to guide schools towards inclusion, with defined responsibilities for school administrators, teachers, the Ministry of Education and other stakeholders. The policy was developed over two years with wide consultation and trial periods in schools. The government provides a two week study program and practicum for teacher’s aides to obtain certification. Respondents stated that a current priority is in-service training for teachers on the new policy, as well as ongoing advisory support for the successful implementation of the policy.

**Federated States of Micronesia:** The FSM Department of Education offers inclusive education at the pre-school, primary and secondary school level. These are at the national and state level. Only one of the four state schools has a “special classroom” which combines students of all age ranges. Other than this education programs are inclusive. Supports for inclusion cover transportation to school, teacher’s assistants, assistive devices and secondary transition support. The FSM Department of Education receives technical assistance and grants from the U.S. Government to make Braille reading and writing devices accessible to children with disabilities and to train personnel to teach the use of these devices to children. There are few support services for deaf children. The inclusive education initiatives described may be part of a long term vision for the program, as respondents reported that improvements are still needed to make school infrastructure accessible for children with disabilities, and many of these services are, in practice, rarely available. The Department of Education’s secondary transition service prepares students with disabilities aged 14 – 20 years who are currently in public high schools to enter vocational and career programs at the tertiary level. Respondents reported that though there are some deaf and speech-impaired students about to graduate with tertiary qualifications, the success rate of this program is still “minimal”. Respondents also reported that although the *Special Education Program* has the funds to provide assistive devices to children up to the age of 21, the program seldom purchases these devices as the population requiring them is low. The *College of Micronesia* provides some pre-service and in-service training for teachers on inclusive education. The *University of Hawaii* sends specialists to

provide support on a regular basis. There is also a partnership with the *University of San Diego* which has an online Bachelor of Special Education which 14 teachers from FSM have completed.

**Fiji:** Fiji has a dual system of inclusive and special education. There are a total of 14 special primary schools in Fiji, two of which offer residential options: *Gospel School for the Deaf* and *Fiji School for the Blind*. The *Fiji School for the Blind* also provides integration support for students to access mainstream schools. Inclusive education is only available at a few secondary schools, such as the *Gospel High School* which has the capacity to include children with hearing impairments. A technical vocational centre at the *Fiji National Council for Disabled Persons* complex also provides on-the-job training. Though Fiji has an inclusive education policy, respondents were unsure as to the current status of policy implementation. Accessibility to the built environment and the lack of understanding about disability on the part of teachers and school administrators were seen as the largest barriers. Special education training was previously provided as part of teacher training at *Lautoka Teachers College*, however this is no longer running. In-service training for teachers on special education which was previously provided by the government has also been discontinued. The Faculty of Arts and Law at the *University of the South Pacific* offers a Bachelor of Education in Special and Inclusive Education. Currently, program changes are underway and plans are progressing to include modules on inclusive education in all Bachelor of Education programs. Respondents reported that the training of teachers is a major priority.

**Kiribati:** Respondents from Kiribati were unable to provide qualitative information on education for people with disabilities.

**Niue:** Respondents from Niue reported that inclusive education is practiced from pre-school through to tertiary levels, however no support is provided for inclusion, such as trained teachers, teaching aides, or Braille writing devices. The greatest priorities are to assess the learning needs of children with disabilities, to train teachers and to tailor teaching to meet the needs of these students.

**Palau:** The education of children with disabilities in Palau is based on the concept of inclusive education, with the addition of special classrooms within mainstream pre-school, primary and secondary schools to support students who are unable to participate in the inclusive classrooms. The *Palau Headstart Program*, supported by the Ministry of Education is in run in all states for the inclusion of children aged 3 – 5 years. Each primary and secondary school has a special education program where inclusion activities are encouraged, and special education is aligned as much as possible with the mainstream curriculum. Respondents reported that sign language support is available all the time, whilst other supports such as teachers' aides and JAWS (Job Access with Speech) are currently unavailable. Most teachers receive their training at the local community college, and consultants are recruited to train teachers on how to work with students with disabilities. The Ministry of Education provides teacher training on a yearly basis on issues such as inclusive and special education during the academic breaks. The increase in the number of students participating in inclusive education was attributed by one respondent to the better training of teachers and individualised support for students through

the development of individual education plans which has enabled many more students than before to attain high school diplomas. However, respondents noted that the transition between high school and vocational training can be difficult for students with disabilities. One respondent commented that the top priority was “to better prepare students with disabilities to exit secondary level prepared for some kind of employment or to continue with post-secondary education. No vocational training school will accommodate people with disabilities...there is not support from the government or community”. Interviewees suggested that the Ministry of Education could develop guidelines, and provide more support to accommodate students making the transition from high school to vocations, or continuing their schooling at the Palau community college.

**Papua New Guinea:** Both inclusive and special education programs are conducted in Papua New Guinea. Respondents indicate that *Callan Services’* 22 Special Education Resource Centres located across Papua New Guinea provide special education, inclusive education and home-based education support. Supports available for educating children with disabilities include assistants, interpreters, Braille systems and sign language training. Respondents reported that the coverage of these services is wide and outreach programs reach students in remote areas. *Cheshire Disability Services* also provide similar services but are only based in Port Moresby. AusAID respondent reported that inclusive education training has been provided to some teachers, but curriculum development in this area still needs strengthening. Students with disabilities are generally not present in mainstream classrooms. The role of the Department of Education in supporting the inclusion of children with disabilities in schooling is unclear. Further, respondents from *Callan Services* and *Cheshire Disability Services* did not respond to invitations to participate in this study, and so information provided on their services requires verification. The *Papua New Guinea Institute of Education* provides a diploma-level course in Special Education, whilst *Divine Word University* provides bachelor degrees in Special Education and Disability Studies.

**Samoa:** Both inclusive and special education programs are available in Samoa. Inclusive education programs, with the funding support of the Samoan government, are run through the *PREB (Prevention of Blindness, Rehabilitation and Education of the Incurably Blind)* program and *SENESE* whose target groups include children with visual, hearing, intellectual disabilities and autism. Both of these inclusive education support programs focus on training teachers, providing assistive devices and resource materials to ensure that children with disabilities receive the support they need in their local schools. *SENESE’s* program, incorporating a staff of 54, has provided a comprehensive range of services and programs from early intervention to teacher training since 2009, through the *Samoa Inclusive Education Demonstration Program (SIEDP)* funded by AusAID. At present, the government is working on developing Samoa’s Inclusive Education policy, whilst simultaneously carrying out the work of empowering teachers with skills and strategies to work with children with disabilities in the classroom. The number of referrals to the inclusive education programs has “increased tremendously over the past few months” and personnel shortage is one the biggest gap areas.

*Loto Taumafai* is an early intervention and primary school program which work with teachers on the same curriculum as mainstream schools, providing special education and then

immersion into inclusive education programs, whenever possible. A respondent from *Loto Taumafai* reported that “more often than not, we find that students are not getting what they want from the normal classroom, they are often left behind...Teachers, even though they are trained in special education, prefer to teach “normal” students. Samoa is not really ready for inclusive education; we don’t have enough resources and or manpower”. The other special school, *Aoga Fiamalamalama*, provides education exclusively to children with intellectual disabilities. The *National University of Samoa* has a two-year, special education diploma. Training is also provided by external consultants, but for the most part teachers in the inclusive education sector learn on the job.

*A case study from Samoa:* The *SIEDP* program aims to support systems change in regular education providers, allowing children with disabilities to attend their local schools. Families are also offered support to advocate for their children. *SENESE* partners with the Samoan government in order to up-skill staff at early childhood centres, and to conduct outreach visits to 70 government and mission schools. Vision screening programs are also run in primary schools with the aid of 49 trained teachers. Through a hearing program, 70 children have been tested and fitted with hearing aids and four have received cochlear implants. Since its inception in 2009, the program has supported 160 students to access early intervention and support, with new referrals made every day. *SENESE* has strong partnerships across the health and education sectors which foster linkages between the sectors and enables a strong continuum of care and support.

**Solomon Islands:** There are three special education facilities in Solomon Islands. The *Red Cross Special Development Centre* is a primary school program whose facilities include teachers, some assistive devices and sign language support. *Bethesda Disability Training Centre* and *San Isidro Vocational Training Centre* provide some education services aside from their core work which is vocational support. Both are faith-based. The *Solomon Islands College of Higher Education* has a disability module incorporated into the teacher training program, but this is not yet compulsory for all teaching students. Respondents report that, “there is a lot that can be done. There are many barriers and we are nowhere near inclusive education...it would be great to have an education system where you can receive a diploma or degree in inclusive education”. Respondents reported that priorities in the education sector included government funding, training of teachers, provision of support workers and aides, and ongoing support for students who are undergoing vocational training. One weakness identified was the lack of internet access which would facilitate access to new teaching methods and assistive technologies. AusAID reported that opportunities exist to support the government to develop education standards and enhance infrastructure for the inclusion of children with disabilities in education.

**Tonga:** The Tongan Ministry of Education appointed an Inclusive Education (IE) Officer in 2007 who is based in Nuku’alofa. The role of the IE Officer is to provide training and support to

teachers, to develop inclusive education plans for students, and to liaise with two special education providers, namely the *Red Cross OTA Centre* and *Mango Tree*. The IE Officer also provides support for the development and delivery of the inclusive education subject at the *Teacher Training College*. Respondents reported that the current IE Officer is focused on building their own skills and experience for the role, and therefore the support to teachers and other inclusive education personnel has been limited. Respondents recommended more teacher training in special and inclusive education in order to develop a pool of local capacity and expertise on all four island groups. The Tongan government is making some long term investments in human resources including sending one staff member to New Zealand for a Bachelor of Arts in Human Services. An AusAID informant also provided information on the development of special classrooms within three primary schools but questioned the capacity of teachers to work with these students effectively. The respondent also stated that although AusAID is supporting the Tongan government to implement its inclusive education policy, much of the strategy for implementation still needs finessing and buy-in across government. Aside from this, the study was unable to contact the special education providers and gather information on current levels of inclusion within the education system.

**Tuvalu:** The one study respondent from Tuvalu reported that they were not aware of any inclusive or special education programs being available or training on disability for education professionals.

**Vanuatu:** The Vanuatu government exclusively offers inclusive education programs. Respondents reported that children with lower support needs are included in mainstream classrooms. However, since school facilities are not physically accessible and disability inclusive teaching resources have not been developed, students who require more adaptations are currently not included in government schools. Teacher training in disability inclusion has not yet been implemented but the Ministry of Education has sent two teachers overseas for training in inclusive education. Two respondents stated that a further barrier to inclusion may be the protective attitude of parents which inhibits school enrolment. One private special school, operated by the *Sanma Frangipani Association* has a Memorandum of Understanding with TVET for vocational education. Home-based education programs are organised by the *Vanuatu Society for Disabled People (VSDP)* and the *Disability Promotion and Advocacy Association (DPA)*. Programs are focused on sign language and Braille education but according to reports, they are not run consistently. The Ministry of Education has developed an Inclusive Education Policy which was launched in late 2011. They have developed eight strategies for implementation up to 2020 including teacher training, a review of the school curriculum, the production of accessible learning materials, the screening of children and the development of accessible school infrastructure. A government respondent noted that inclusive education in Vanuatu is starting from 'nothing', and successful implementation of the policy will hinge on good coordination between the NGOs currently working in education and the government, as well as a mapping of resources, and equipping human resources with the skills to implement the policy. An AusAID respondent reported that the inclusive education policy has been in development for a number of years. AusAID has provided input into the development of this policy and intends to support its implementation. A current initiative is the piloting of a

“hybrid” accessible school using locally available materials, which, if successful, could be an opportunity to expand support. Another possible opportunity for support is through the development of inclusive education training materials.

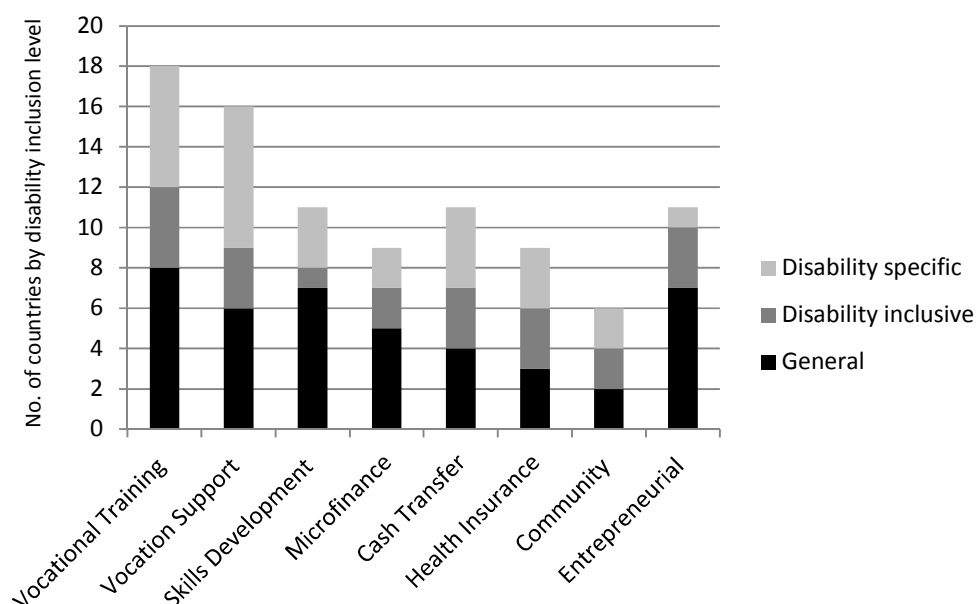
## SECTION 3: LIVELIHOOD PROGRAMS

### Regional Summary of Quantitative Data

#### *Availability of Livelihood Programs*

This study investigated the availability of disability-specific, disability-inclusive and non-inclusive livelihood programs within the twelve countries. Across all livelihood program types, general programs that were not inclusive of persons with disabilities were most common in the countries surveyed (Figure 3.1). The number of countries with livelihood programs that were inclusive of disability was smaller than that having general livelihood programs. Disability-specific programs were more common than mainstream programs inclusive of persons with disabilities. The largest number of disability-inclusive and disability-specific programs was reported in the fields of vocational training and support as reported by ten countries. The second most prevalent were cash transfer and health insurance programs that were inclusive of, or specific to, disability as reported by seven and six countries, respectively. Four countries reported either disability-specific or disability-inclusive programs in the remaining program areas of skills development, microfinance, community-based poverty reduction and entrepreneurial programs (such as business start-up capital).

**Figure 3.1 Livelihood programs by type and level of disability inclusion (number of countries)**



The picture altered somewhat when respondents were requested to name specific programs that were either inclusive of, or specific to, persons with disabilities. A total of fifteen livelihood programs were reported across the twelve countries surveyed. Two-thirds of these programs were in Fiji (6) and the Cook Islands (4), with six countries reporting no livelihood programs that



were disability-inclusive or –specific (Federated States of Micronesia, Kiribati, Niue, Palau, Tuvalu, and Vanuatu).

Almost half (7) of the programs reported were vocational training programs, three of which were in Fiji, with the remainder spread across disability pension (2), skills development (2), entrepreneurial (2), microfinance (1), and vocational support (1) programs. None of the respondents reported any government subsidised health insurance programs or community-based poverty reduction programs.

Half of the programs were provided by government and one-third was provided by non-government providers, with a single private and a single church-operated program reported. Over two-thirds of programs (69%) were provided at the national level, with two programs reported at the sub-national level, and one program at district and village level.

## **Regional Summary of Qualitative Data**

### *Availability of Livelihood Programs*

The results for this study indicate that there are fewer opportunities for people with disabilities to participate in livelihood programs than in those offered by the health and education sectors. Notably, there were also differences between the quantitative and qualitative information gathered. For example, while the quantitative data reported that there were no livelihood programs for people with disabilities in the Federated States of Micronesia, respondents identified that the Department of Education offers vocational training programs and job placement services. This finding may be an issue of interpretation, with participants considering vocational training or skills development to be part of the education rather than the livelihood sector.

Disability-specific livelihood programs usually take the form of workshop-based vocational training for adults with disabilities. These programs are typically focused on ‘traditional’ skills such as carpentry or crafts. Vocational training is intended to lead to employment, however respondents suggested that the skills obtained are not aligned with mainstream employment opportunities in business, tourism or other sectors. For example, respondents from Fiji reported that some students have attended the *Vocational Training Centre* in Suva for a number of years and have not graduated to employment or to their own small business, and that this may be related to the quality of training and the lack of job-placement support. One factor that may facilitate a smoother transition from disability-specific vocational training programs to mainstream employment is the provision of vocational skills which are aligned with the job market, and extra supports such as job-placement services which form a package of livelihood services provided to program participants.

In several Pacific Island Countries, mainstream vocational training centres such as the *Australia Pacific Technical College* in Fiji and the *Technical Vocational Educational Training* (TVET) programs in Vanuatu and Kiribati are increasingly including people with disabilities.

Infrastructure such as classrooms and toilets are accessible at the TVET programs in Vanuatu and the *Kiribati Institute of Technology* (KIT). The capacity of these institutions to accommodate participants with diverse disabilities is unclear. It is likely that infrastructural improvements have paved the way for people with physical disabilities, but the inclusion of people with other impairments may take more planning and resources. In both cases, the institutions have partnered with local DPOs to identify and liaise with people with disabilities who are able to participate in training. The processes initiated at these institutions merit further investigation for developing an inclusive training model in other Pacific Island Countries.

A concern raised by respondents in Tonga and Samoa was the low level of literacy and numeracy among people with disabilities which may prove a challenge for mainstreaming into vocational courses which require a basic level competence in these skills. This barrier was addressed in Samoa by local DPO *Nuanua O Le Alofa Inc (NOLA)* who partnered with a mainstream trainer to provide tailored training on business at an appropriate level for women with disabilities, resulting in several women starting their own businesses.

The willingness of employers to accommodate people with disabilities in the workplace may be another barrier. In several interviews, respondents mentioned that private employers are reluctant to employ people with disabilities, and in one instance that the compensation packages received may be inferior to people without disabilities. Though this study did not explore the attitudes of employers, these examples suggest that if access to mainstream employment is the aim, training for people with disabilities must be paired with sensitisation programs for potential employers.

A number of Pacific Island Countries have some form of subsidy for people with disabilities and some are piloting disability pensions. In the Federated States of Micronesia, disability pensions are administered by the *National Social Security Administration*, and in Palau people with disabilities can access monthly stipends. In Papua New Guinea, the government is piloting a disability pension. Respondents reported that in the case of both the Federated States of Micronesia and Palau, doctors act as intermediaries, and make recommendations for people they consider eligible. This may prove a barrier for people with disabilities who have lower support needs, but still face educational or attitudinal barriers to employment.

### Country Specific Data

**Cook Islands:** The Cook Islands has one livelihood training program run as a “sheltered” workshop by the *Creative Centre*. The centre offers computer, literacy, cooking and lifeskills training. Respondents reported that the centre is working with the Ministry of Education to ensure that qualifications attained there are equivalent to those provided in mainstream schools. It is also liaising with employers to ensure that people with disabilities trained at the centre receive equal compensation for their work. However, the program is small and since 2006, only 6 people have been successfully placed in employment. Respondents reported reluctance on the part of large businesses to employ people with disabilities. As there are no inclusive livelihood programs the *Cook Islands National Disability Council* has prioritised

advocacy to government around economic inclusion. Respondents suggested that education and formal qualifications are a priority focus area so that people with disabilities are able to gain employment or start their own businesses.

**Federated States of Micronesia:** The Department of Education has a special education transition program which provides vocation training in carpentry, sewing, piggery and other traditional skills areas. The program also has internships and placement services. Small business entrepreneurs also receive support to develop business plans through the local college. A respondent reported that it is difficult for people with disabilities, even those with qualifications, to find employment due to barriers created by the attitude of employers. There is a disability pension administered by the *National Social Security Administration*.

**Fiji:** The main government initiative in Fiji is the vocational training centre housed at the *Fiji National Council for Disabled Persons* in Suva which runs training in skills such as carpentry and computing. However, respondents reported that training at the centre could be improved and there is no job placement program. As such, some of the trainees have been at the centre for more than three years. The *Fiji School for the Blind* provides basic vocational training in cooking, sewing, gardening and music. One respondent also noted a venture between a DPO and a local businessman that led to the training and job-placement of four masseurs. The *Fiji Disabled People's Association* offers business, computer and microfinance training for its members by outsourcing the training to the government. It has approached the government for support in modifying their current training program to make it disability inclusive, but the outcome of this request is not known. Several DPOs offer one-off trainings on topics such as microfinance, but they are not ongoing. Respondents also reported that people with disabilities have been included in the training programs offered by the *Australia Pacific Technical College*. AusAID also reported that two people with hearing impairments are participating in the college's tiling training, and that a wheelchair user is currently enrolled in the hospitality program. The Ministry of Social Welfare provides food vouchers, allowances and bus passes to eligible citizens. Eligibility for this program is based on income and other indicators, so not all people with disabilities qualify. Respondents for this study emphasised that income generation projects for people with disabilities through skills development and 'confidence building' were urgent priorities, as they enabled people with disabilities to live independently or contribute to family income.

*A case story from Fiji:* The *Fiji Disabled People's Association* (FDPA) ran a two-week workshop on microfinance for its members. One member was provided with the start up capital to run a canteen. The supermarket that he bought his goods from also gave him a 10% discount. The successful business enabled him to contribute to his family's income. The FDPA representative reported that the man returned to the office a changed person; he was more "alive". His family viewed him differently after he started contributing and accepted him more. Seeing the success of the canteen, community members also no longer looked down on him.

**Kiribati:** Respondents were not able to identify any livelihood programs that were inclusive of people with disabilities in Kiribati. According to an AusAID respondent, four people with disabilities have attended a short course at the *Kiribati Institute of Technology* (KIT) with support from the local DPO, *Te To Mataoa*. An AusAID small grant covered the cost of institutional fees and transport allowances for the participants, however the small grants program has since concluded. According to the same respondent, KIT facilities such as bathrooms and classrooms are accessible as they were built with AusAID funding in 2009. AusAID is investigating supporting scholarships in English and IT for people with disabilities as part of the second phase of the TVET program.

**Niue:** Respondents reported that there were no livelihood programs for people with disabilities. Priority livelihood programs that were identified by respondents included employment and support for subsistence farming and fishing.

**Palau:** Palau has a social security benefits program for people with disabilities. Monthly payments range from \$ 3 – 35 and they are available to people with high medical / social support needs and with mental illness. Medical doctors make recommendations about recipients and then applications are reviewed by the *Palau Stipend Fund Committee*. A separate health insurance program provides discounted medical services to children with disabilities under the age of 21. The *Palau Work Investment Act Office* provides 3 – 6 month training which has included people with disabilities and led to successful job placement. Respondents reported that there are no specific capacity building programs in the area of livelihoods for people with disabilities, nor or are workplaces built accessibly. Both of these are urgent areas for action.

**Papua New Guinea:** Respondents report that there are currently few livelihood programs for people with disabilities. A few of the Special Education Resource Centres run by *Callan Services* have initiated successful partnerships with mainstream vocational institutions, and there is a “sheltered” workshop in Port Moresby where students develop skills in carpentry and joinery. The government is currently piloting a disability pension in New Ireland which includes subsidies and cash transfers. The Department for Family and Community Development is exploring the possibility of supporting microfinance, entrepreneurship of similar programs.

**Samoa:** Young people with disabilities can access vocational training in arts, crafts, screen printing, wood carving and computing at *Loto Taumafai*. A respondent from the national DPO, *NOLA* report that more than 20 women with disabilities have attended the UN-funded *Women in Business* program and gained skills in areas such as basket-weaving and gardening. Respondents reported that literacy and numeracy levels among adults with disabilities in Samoa is low, and that programs which provide such training are urgently needed. *NOLA* advocates for equal employment for people with disabilities.

**Solomon Islands:** The *San Isidro Centre* provides vocational training and skills development in areas such as woodwork, agriculture, poultry-raising and lifeskills for students who are deaf. The *Bethesda Disability Training Centre* offers similar training which is mainly taught by Solomon Island staff that are familiar with the context and therefore offer context-appropriate skills development. The courses are run three times a year for a duration of 8 weeks. The

program targets people disabilities who have been unable to access employment. There are currently twelve students in the program, and respondents report that three graduates have successfully been employed, including one at the NGO World Vision. Since the program opened in 2010, 25 people with disabilities and twelve family members have participated in training. One respondent questioned whether more modern skills such as computing should be offered, rather than typewriting. Feedback suggest that skills which support self-employment are important in Solomon Islands as many people with disabilities lack literacy or other skills which make them competitive employees.

**Tonga:** One respondent reported that there is a centre offering training in mechanics and maritime skills that is open to people with disabilities but other than this there are few livelihood opportunities open to Tongans with disabilities. According to two respondents, people with disabilities do not have access to appropriate education and training. Paired with discrimination against people with disabilities by employers, this has led to a situation where very few Tongans with disabilities are employed. One interviewee described the following: “I met a young man who had a below-the-knee amputation related to diabetes. He has not worked since then and was surprised that this could be an option. He did not think it was possible for his employer to continue employing him, or that modifications could be made for him to continue his desk job. There is a lot of community education which needs to be done on this issue.”

**Tuvalu:** No qualitative information is available on Livelihood programs for people with disabilities in Tuvalu.

**Vanuatu:** In Vanuatu, some people with disabilities have been able to access training programs such as business planning through the TVET program. The facility has some inclusion measures, including some physically accessible infrastructure, but currently does not have the capacity to include people who are blind or deaf. The TVET program has signed a Memorandum of Understanding with the *Disability Promotion and Advocacy Association*, and the organisations collaborate on providing training for people with disabilities in areas such as fabric painting. The *Disability Promotion and Advocacy Association* identifies and nominates people with disabilities to attend, however this can be difficult as the basic literacy and numeracy skills required for many of the training programs can be a hurdle. However, they have received funding from AusAID to run an economic literacy program, which provided their members with the skills to sell their products. One such member noted that the TVET program has been successful and that there are several people with disabilities, including a man who attended piggery training, who now have flourishing businesses. The priority in Vanuatu is to ensure that livelihood training programs such as the TVET program are inclusive.

## SECTION 4: SOCIAL SUPPORT PROGRAMS

### Regional Summary of Quantitative Data

#### *Availability of Social Support Programs*

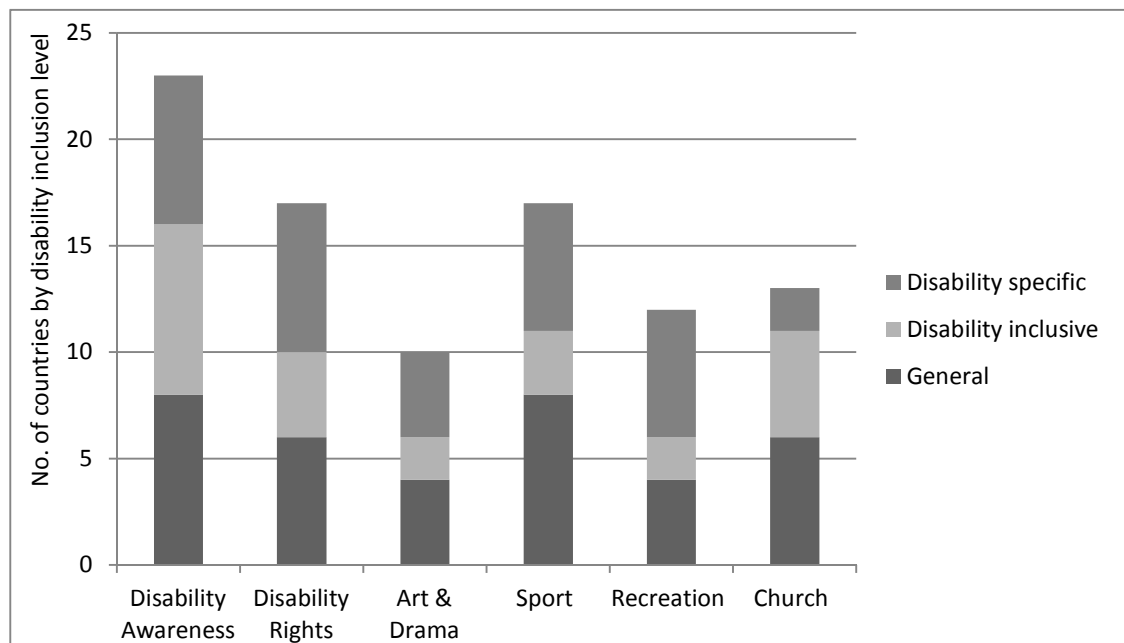
A total of twenty (20) social support programs inclusive of, or specific to, disability were reported across the countries surveyed. Four programs in the areas of disability awareness and disability rights<sup>4</sup> were reported, alongside three sports programs, two art and drama programs, and one recreation and leisure program. Fiji recorded the highest number of social support programs for persons with disabilities (6), followed by Tuvalu (5) and Samoa (4). Programs were divided evenly between government and non-government providers (6 each), with the remainder provided by DPOs (4) and churches (2). With the exception of two programs that were provided at the village level, all programs were provided at the national level.

Relative to general social support programs that were not inclusive of disability, the availability of disability inclusive and disability-specific social support programs was comparable across countries (Figure 4.1). Disability awareness programs were most common, with the number of countries offering these programs spread evenly between general, disability inclusive and disability-specific programs. Second most common were disability rights (as a proxy for access to 'Justice' in the CBR matrix) and sports programs. In both of these program types, disability inclusive programs were poorly represented relative to general and disability-specific programs. Whilst lower in total country numbers, a similar pattern emerged for art/drama and recreation/leisure programs. The exception was church programs with a relatively high number of countries reported to have disability inclusive programs.

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<sup>4</sup> Due to the time and other constraints this study was unable to directly ascertain levels of access to justice (e.g. court cases, changes in legislation etc) under the 'Social' component of the CBR matrix. However, together, disability awareness and disability rights programs, for the purposes of this report serve as proxies for the justice category of the CBR Matrix.

**Figure 4.1 Social support programs by type and level of disability inclusion (number of countries)**



## Regional Summary of Qualitative Data

### *Availability of Social Support Programs*

The smaller scale and reach of social support programs for people with disabilities, as compared to programs from other sectors such as health, was a clear finding of this study.

Disability awareness and rights programs were the type of social support program that was most commonly reported in the quantitative data, however the qualitative exploration revealed that they were not consistently run. This study did not enquire as to the frequency of training programs, but respondents suggested that this was low overall. Examples that were cited included the once-off training provided to UNDP staff in Fiji, and the rights education training that was run twice yearly by the Ministry of Women, Community and Social Development in Samoa. Although DPOs considered rights education and awareness-raising to be important activities, their ability to sustain and expand these programs was hampered by a lack of funding. Despite the irregularity of training, respondents did report examples of innovative awareness-raising programs such as a radio program in the Federated States of Micronesia on the Convention on the Rights of Persons with Disabilities (CRPD). Respondents viewed disability awareness programs as particularly important because it facilitated changes in the attitudes of parents of children with disabilities, potential employers and other members of the community. One Tongan respondent expressed the opinion that, “at the moment some family members ‘hide’ people with disabilities from the community, and there is a sense of shame or resignation

that this is their lot in life and that little can be done to change or improve things”. In the view of several respondents, consistent and wide-spread awareness-raising programs had the potential, by changing attitudes, to reduce barriers for people with disabilities in areas such as education and livelihoods. One Fijian respondent noted that facilitating the increased mobility of people with disabilities also had the benefit of changing attitudes about disability through their increased visibility in public settings. The respondent further commented that the provision of government bus travel concessions (described in Section 3: Livelihood Section of this report), “reinforces the concept of positive social interaction because it has given people with disabilities the ability to move from one location to another, rather than remaining stagnant”.

Sports programs for people with disabilities ranged in size and frequency. The *Fiji Paralympics Committee* is comparatively well resourced and sporting programs are reportedly available to students who attend any of the 16 special schools. In comparison, respondents from Vanuatu reported that the *Paralympic Committee* is struggling for funding, and in Palau, the national DPO, *Omekasang*, has run a recreational sporting program only once to celebrate the International Day of Persons with Disabilities. Sporting programs, where available, were generally linked to educational institutions, suggesting that children and youth with disabilities outside the school system, along with adults with disabilities, had much less access to sports programs.

Though arts and drama programs were least commonly reported of all the social support program categories, several respondents reported that singing, art and drama were an important part of local culture, and so the lack of inclusion in such programs increased the sense of isolation felt by people with disabilities in the Pacific. A great example of an inclusive drama program is in Vanuatu where *Wan Smolbag Theatre*, a travelling drama group, includes actors with disabilities and performs plays on disability issues. According to an AusAID respondent, the group is extremely popular in Vanuatu. *Wan Smolbag* also produces a TV program called ‘Love Patrol’ which includes disability-related themes and is aired in other Pacific Island Countries, including Papua New Guinea. The *Wan Smolbag* model of inclusion is worth further study and profiling. The other programs coordinated by *Wan Smolbag*, such as a health service, youth programs, HIV prevention initiatives and sports clubs are inclusive of people with disabilities to a much lesser extent.

Some DPOs actively seek partnerships and funding for art and drama programs, for example *NOLA* in Samoa is collaborating with the religious group, *Hillsong*, to provide drama and music programs.

Respondents across most countries reported the importance of inclusion in religious and church programs. In Tonga, the churches are the main source of social support, and they conduct activities such as home visits, prayers, and food and clothing distribution. In Papua New Guinea, respondents noted the importance of church programs but raised concerns about the ‘charity model’ approach to including people with disabilities. In the Federated States of Micronesia, respondents expressed great interest in inclusive church programs. This suggests that partnerships between churches and DPOs have the potential to provide social inclusion in



countries where resources for other types of programs are scarce. Through an active engagement between DPOs and churches, these programs could facilitate a change in attitudes towards people with disabilities by other church-goers, with awareness raising programs being an important first step of any joint initiative.

The study did not reveal any support programs for carers or for family members of people with disabilities, with the exception of Samoa. Two organisations, *SENESE* and *Loto Taumafai*, provide early intervention guidance and training for parents of children with disabilities. There were no programs at all which supported the parents, families and carers of older children, youth or adults with disabilities, indicating that this is a large gap in social support. A respondent from Papua New Guinea recommended the development of programs which mobilise carers and family members of people with disabilities to form self-help and support groups.

### **Country Specific Data**

**Cook Islands:** The *Cook Islands National Disability Council* runs some awareness raising programs on disability. The *Creative Centre* and the *Outer Island Disability Learning Centres* also offer a small range of art, drama programs and recreation programs. One respondent reported that the *Creative Centre* provides social outings on Fridays and national holidays, and this serves a recreational purpose, but also allows people with disabilities to participate in community events, thereby having the added benefit of raising community awareness on disability. However, this program is solely for the clients who are enrolled in the *Creative Centre's* program.

**Federated States of Micronesia:** Although there are no regular social support services for people with disabilities in FSM, one recent initiative reported was a radio program on the CRPD and the rights of people with disabilities. Respondents indicated an interest in initiating church inclusion programs. The *Pohnpei Consumer Organisation* has worked to establish organisations of disabled people at the local level.

**Fiji:** Fijian students with disabilities who attend any of the 16 special schools are able to participate in sporting programs coordinated by the *Fiji Paralympics Committee* and funded by the *Australian Sports Commission*. The program covers specialised sports equipment, operational costs and four staff members. It also enables qualified athletes to compete in regional tournaments. The committee is also funded to hold awareness raising programs on people with disabilities and sport. One recent initiative was the printing and distribution of motivational posters with messages on the inclusion of people with disability in sport, aimed at the general public. The *Fiji Disabled People's Association (FDPA)* conducts disability awareness raising with families, village headmen, churches and other organisations. Recently, the association was also invited by the government and the UNDP to run a one-off training on civic education and human rights. The association itself highlighted this as a good example of inclusion. The interviews from Fiji suggest that DPOs are running small-scale rights education or awareness programs with their members when they are able to do so, but there are no large-scale programs enabling social support for people with disabilities aside from the sports program. Fiji respondents prioritised social support initiatives which enable people with

disabilities to participate in their family gatherings and community festivities. They also emphasised social support programs which build the capacity of people with disabilities or enable their participation. One example that is further detailed in the Livelihood Section of this report is the bus travel concession, which one interviewee praised since it, “reinforces the concept of positive social interaction because it has given people with disabilities the ability to move from one location to another, rather than remaining stagnant”.

**Palau:** Palau does not have ongoing social support services for people with disabilities. In 2010, on the International Day of Persons with Disabilities (3 December), the local DPO, *Omekasang*, ran a recreational sports programs and distributed donations of hygiene products.

**Papua New Guinea:** Respondents reported few social support programs for people with disabilities. Church programs are reportedly based on the charity model. Respondents from Papua New Guinea recommended the development of programs which mobilise carers and family members of people with disabilities to form self-help or support groups.

**Samoa:** There are several social support programs in Samoa. The Ministry of Women, Community and Social Development runs twice-yearly disability rights education programs which government, NGO and disability stakeholders attend. Interviewees indicated that twelve ministries have sent representatives to this training. The national DPO, *NOLA*, runs disability awareness and advocacy skills workshops twice-yearly for its members and carers. There are several sports programs in Samoa including a special Olympics initiative and a program which enables blind and vision impaired students to participate in the Pacific-wide *Southern Cross Games*. *NOLA* is working with *Hillsong*, a religious group, to develop drama and music programs. A sign language support group is run by *SENESE*. Although both *Loto Taumafai* and *SENESE* provide early intervention training and guidance to families, there are few other supports available to carers and family members. Interviewees prioritised initiatives which enable people with disabilities to be included mainstream social activities such as attending films or participating in sports.

**Solomon Islands:** In the Solomon Islands, the national DPO, *PWDSI*, runs disability rights and education programs. These workshops, which are run by people with disabilities, have been organised in Honiara, as well in outer provinces. *PWDSI* is also collaborating with the *Bethesda Centre* to provide rights education to students enrolled at the school. Some churches visit the homes of people with disabilities to pray with them. Respondents reported that, on the whole, mainstream social support programs are not inclusive of people with disabilities and there is limited funding to provide specific programs. In 2010, the CBR program received media attention and was featured in a television program which has resulted in an increase in the number of self-referrals to the program. Respondents reported a need for programs which address community attitudes to disabilities.

**Tonga:** In Tonga, carers can only access support through informal channels such as extended family or the church. Churches are the main source of social support, conducting activities such as home visits, prayers, and food and clothing distribution. Interviewees emphasised the importance of raising awareness of disability in the broader community. One respondent

reported that, “at the moment, some families ‘hide’ people with disabilities from the community, and there is a sense of shame or resignation that this is their lot in life and that little can be done to change or improve things”.

**Tuvalu:** The sole Tuvaluan respondent reported that the *Fusi Alofa Association* runs social programs such as art and drama which it regards as a good example of social support because it allows people with disabilities to work as a team, and serves as a disability advocacy tool. The respondent further indicated that disability awareness programs are a priority.

**Vanuatu:** The *Disability Promotion and Advocacy Association* in Vanuatu runs disability awareness training, but this activity is dependent on the availability of funding. When possible, the association provides support to parents and care-givers by visiting children with disabilities in hospital, providing them with encouragement and with information on disability rights. The *Vanuatu Paralympic Association* has sporting programs, but they are currently struggling for funding. An AusAID respondent also mentioned that there is an Australian Youth Ambassador for Development (AYAD) working with the disabled basketball team. An innovative organisation, *Wan Smolbag*, is a travelling theatre group which receives core funding from AusAID. The group includes actors with disabilities, and some of the themes of the plays are around disability. The theatre group is extremely popular in Vanuatu and also produces a TV program called, ‘Love Patrol’, of which one of the themes has been disability and which has aired in other Pacific Island Countries such as Papua New Guinea. The organisation coordinates other programs, such as a health service, youth service, HIV prevention programs and sports activities, which are also generally inclusive of people with disabilities.

SECTION 5: EMPOWERMENT PROGRAMS

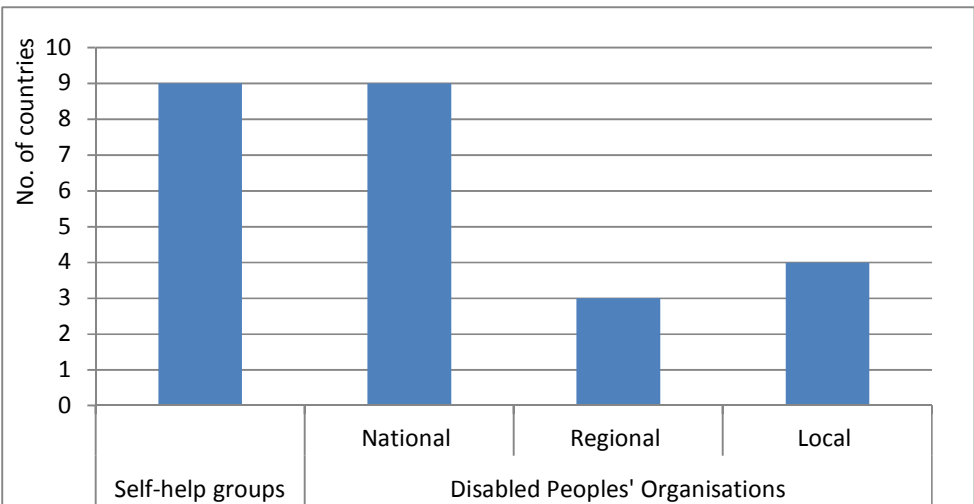
Regional Summary of Quantitative Data

Availability of empowerment programs

To capture data on empowerment, the survey included questions on the availability of communication programs, political participation, the existence of DPOs, self-help groups and support programs specifically for women with disabilities, using the CBR Matrix as a guide.

As shown in the below figure (5.1), nine of the twelve countries surveyed had at least one self-help group for persons with disabilities and at least one national DPO each. The exceptions were Kiribati and Niue, and Vanuatu (who had a self-help group only) and the Federated States of Micronesia (who had a national DPO only). Countries with registered DPOs at the sub-national and local level were limited to Fiji, Papua New Guinea and Vanuatu.

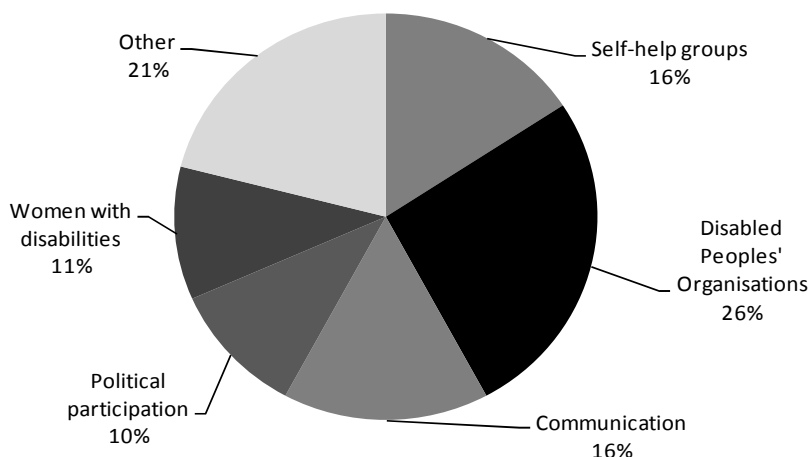
Figure 5.1 Availability of self-help groups and Disabled People’s Organisations (number of countries)



A total of 19 empowerment programs for persons with disabilities were reported across the countries surveyed, nearly half of which (47%) were provided in Fiji. Six countries reported no empowerment programs for persons with disabilities, specifically the Federated States of Micronesia, Kiribati, Niue, Palau, Tuvalu and Vanuatu.

In terms of empowerment program types, DPO programs were most common (26%) followed by self-help group programs and communication programs (16%), political participation programs and women with disabilities programs (11%), and ‘other’ programs (21%) which mainly comprised of leadership training and advocacy (Figure 5.2).

**Figure 5.2 Empowerment program types (% of total programs)**



Two-thirds of empowerment programs for persons with disabilities were provided by non-government providers, with the remaining one-third provided by government providers. The majority (58%) of programs were provided at the national level, with a quarter of programs provided at the district level, and very few programs provided at village level (8%).

### **Regional Summary of Qualitative Data**

The presence of DPOs in most Pacific Island Countries suggests that the concept of disability-related rights, empowerment and self-help are increasing across the Pacific. Data revealed that two-thirds of empowerment programs were being provided by non-governmental organisations, which also illustrates that DPOs are increasingly taking the lead in mobilising people with disabilities.

Interviews clearly demonstrated that across the Pacific, DPOs are at various stages of development. Some respondents described a sound organisational capacity and resource base, while others, as was the case for Tonga, are still focused on internal organisational development ahead of the delivery of empowerment programs. Respondents from across the Pacific reported that DPOs are severely underfunded, and that an urgent priority is increased resourcing and 'capacity building' for DPOs, in order for them to be more effective in reaching and providing services to their community.

At the national level, DPOs prioritised the ability to communicate on their rights, and to advocate to government as part of the empowerment agenda. DPOs and other respondents raised the concern that lack of funding and the low organisational capacity of DPOs hampered their effectiveness and efficiency. In Papua New Guinea, for example, inadequate human and

financial resources at the national DPO level led one respondent to report that DPOs at the provincial level were, “becoming disheartened” due to a lack of guidance and resources, whilst another respondent stated that DPOs, “do not have capacity and need further training”. A positive example from Fiji demonstrates how sufficient funding and organisational management skill can enable national DPOs to support local branches more effectively. The *Fiji Disabled People’s Association (FDPA)* provides staff development support to local DPOs including in leadership training and financial management. This is paired with “attachments” or internships for local branch leaders of the Association, to build skills in office and administrative management. The organisation acquired computers, printers, a camera and office supplies through an AusAID grant, and these materials have been distributed to its branches. This has enabled better communication, recording and reporting of its activities to donors. The capacity of national level DPOs to carry out national level training, advocacy and other programs, whilst supporting local branches and self-help groups in their own development, is a vital two-pronged strategy for facilitating the empowerment of individuals at the local level. Interestingly, both organisational respondents and private individuals expressed that empowerment meant the ability to vocalise rights and raise awareness. Many DPOs thus focus on leadership and rights training as a mechanism for facilitating empowerment. Leadership training described by respondents as empowerment activities in the qualitative data may account for some of the 21% of “other” empowerment programs recorded in this quantitative mapping of programs.

Many non-DPO respondents, including AusAID, disability service providers and government representatives observed the importance of working with DPOs, expressed respect for their important work and sought closer collaboration. In the Solomon Islands, one respondent acknowledged the importance of including DPOs in training run by the government and vice versa. Whilst in Palau, the government has already included the *Omekasang Association* in its working group, formed to support the implementation of the *Palau Disability Policy* (passed in 2011). Equally, government–DPO partnerships were valued by DPOs, and were acknowledged as contributing to greater DPO effectiveness and government inclusiveness at the local level. For example, the *Fiji Disabled People’s Association*, with AusAID funding, provided a provincial office with a computer and camera to do mapping and outreach with people with disabilities in the district. The District Administrator attended a workshop on disability awareness and joined the Association on its visits to people with disabilities in the local area. As a result of the increased awareness, the District Administrator offered the Association office space and delegated two staff members to assist with a mapping of people with disabilities in the area. He also developed and disseminated a report on disability in the area at a meeting for all district administrators, and he now ensures that disability is a standing item on the agenda of all village meetings. This collaboration has raised interest among district administrators and it is being expanded to four other districts.

A number of respondents identified issues that specifically related to the situation of women with disabilities. One respondent from Federated States of Micronesia observed that rights-based education was important, particularly for women with disabilities who were, “hiding in their houses, and never come out”. Whilst another respondent from Samoa commented that

awareness programs needed to extend to family members, “so that they are encouraged to release girls to attend training”. The results from this study indicated that only 11% of empowerment programs are focused on women with disabilities, and so this may be an area for future investment. Some good examples of work in this area exist, such as the partnership between the *Fiji Disabled People’s Association* and *femLINKpacific* which demonstrates that partnerships with organisations working with women can be an effective way of empowering women with disabilities, especially in situations where the respective DPO has limited capacity to deliver its own women-specific empowerment programs. One Fijian respondent reported that *femLINKpacific* training encouraged women with disabilities to be, “(more) articulate and vocal”.

### Country Specific Data

**Cook Islands:** In the Cook Islands, the national DPO, the *Cook Islands National Disability Council*, and more informal self-help groups on the outer islands work in empowerment. This is mostly through awareness-raising programs. Empowerment priorities include the capacity building of people with disabilities so that, “they are able to lead, communicate and advocate for themselves on their right to live independently”. A successful empowerment program was the delivery of rights training on two outer islands by people with disabilities, who, themselves, were able to advocate and train persons with disabilities, their families and other members of the community. According to one Cook Island respondent, this empowered them to raise awareness and speak about the issues affecting them.

**Federated States of Micronesia:** Respondents reported that few empowerment programs are available to people with disabilities within the country. One respondent observed that DPOs require more training and resources in order to be able to support other stakeholders to improve their support to people with disabilities. The same respondent reported that the greatest need was to build a better understanding of disability in the community by empowering individuals with disabilities and their families. They further remarked that, “Only then can we expect advocates to be effective and vocal in what they do, since they know and are comfortable with what they are advocating for....Empowered people will make strong advocates.” Another respondent reported that rights-based education is important, particularly for women with disabilities who are, “hiding in their houses, and never come out”. The *Pohnpei Consumer Organisation* reported that it is developing an organisation for women with disabilities.

**Fiji:** Respondents reported that most empowerment programs are delivered directly by DPOs to their members. Programs addressing empowerment have included workshops, training on communicating with media and initiatives which support DPOs to work with the media to highlight achievements and success stories. The *Fiji Disabled People’s Association* provides support for DPO development, leadership training and financial management. This is paired with “attachments” for the Association’s branch leaders in office and administrative management. The organisation acquired computers, printers, a camera and office supplies,

through an AusAID grant, and these materials have been distributed to its branches. This has enabled better communication, recording and reporting of activities to donors. Another example a successful empowerment program was the training provided by *femLINKpacific* to women with disabilities working at the Association, which encouraged them to be “(more) articulate and vocal”. Respondents identified rights training as the most important empowerment priority. Collaborative programs between government and DPOs have also led to numerous successes. *FDPA* was able to provide the government Cakaudrove Provincial Office with a computer and camera from AusAID funds, to assist people with disabilities in the district. The District Administrator attended a workshop on disability awareness and joined *FDPA* on its visits to people with disabilities in the local area. As a result of his increased awareness, he offered *FDPA* office space and he delegated two staff members to assist with a mapping of people with disabilities in the area. He also developed and disseminated a report on disability in the area at a meeting for all district administrators, and now ensures that disability is a standing item on the agenda of all village meetings. This collaboration has raised interest among district administrators and is being expanded to four other districts.

**Kiribati:** An AusAID respondent reported that in Kiribati, people with disabilities need capacity development, particularly in the area of project proposal development.

**Niue:** Respondents did not report any empowerment programs in Niue, but they did note that capacity building of DPOs is an urgent priority.

**Palau:** The respondent from *Omekasang Association* reported that the DPO will be working in collaboration with the government, Mental Health Council, Parents’ Association and related organisations to support the implementation of the Palau Disability Policy passed in 2011. The same respondent also noted that human rights programs for people with disabilities are the top priority in terms of empowerment programs.

**Papua New Guinea:** Respondents reported that the national DPO, the *PNG Assembly of Disabled Persons* needs support and financial resources to manage the organisation, advocate more effectively, and to provide leadership to DPOs working at the provincial level. One respondent reported that DPOs at the provincial level are “becoming disheartened” due to a lack of guidance and resources. Another respondent stated that DPOs, “do not have capacity and need further training”.

**Samoa:** The *Samoa Association of Non-Government Organisations (SANGO)* runs capacity building and leadership programs which are inclusive of people with disabilities. A recently returned Australian Leadership Award Fellowship (ALAF) youth group intends to initiate awareness raising on disability in local villages. Respondents reported that programs to empower people with disabilities are urgently needed, particularly in rural areas. This would build the capacity of people with disabilities to ‘advocate strategically’, particularly as respondents report that awareness of the rights of people with disabilities is a crucial lever for support and action. Another respondent reported that awareness programs need to extend to family members, “so that they are encouraged to release girls to attend training”.



**Solomon Islands:** Solomon Island respondents reported that *People with Disabilities Solomon Islands (PWDSI)*, the national DPO, supports self-help groups in 6 out of 10 provinces alongside its work in awareness-raising, rights education and advocacy also. A respondent from *PWDSI* reports that, “we need PWDSI to train members and build our capacity to be an effective and efficient organisation that teaches disability rights. We need to do advocacy, but equally important is funding to do this. We have a few trainers, but we need to train a hundred others to get the message to the grassroots.” Another respondent emphasised the importance of communication and information-sharing between DPOs and the government. The respondent acknowledged the importance of including DPOs in training run by the government and vice versa. As an example of a successful empowerment program, a respondent from *PWDSI* stated that, “a few years back, we didn’t have an office and weren’t in the position to demand our rights. With the Australian Leadership Award Fellowship (ALAF) training, this is a huge success for our organisation. The success of the organisation boils down to the younger generation.”

**Tonga:** Tongan respondents reported that the national DPO, *NATA* has been involved in advocacy to the government to sign the CRPD, as well as to other government bodies for changes such as improvement to building codes. One Tongan respondent commented that DPO capacity is fairly limited, and much of the work there is focussed on organisational development, ahead of delivery of training or advocacy. The same respondent suggested that priorities in the area of empowerment are to build links between people with disabilities and the wider community to break down barriers. Few people with disabilities are aware of their rights, or of the existence of a DPO. The respondent stated that, “by building the capacity of DPO staff to be familiar with the human rights approach and the CRPD, they would be in a better position to reach out to other people with disabilities and also more confident in talking to other stakeholders, government and the media about their issues.”

**Tuvalu:** Respondents from Tuvalu did not have any empowerment initiatives to report, aside from the establishment of the *Fusi Alofa Association* which advocates for people with disabilities.

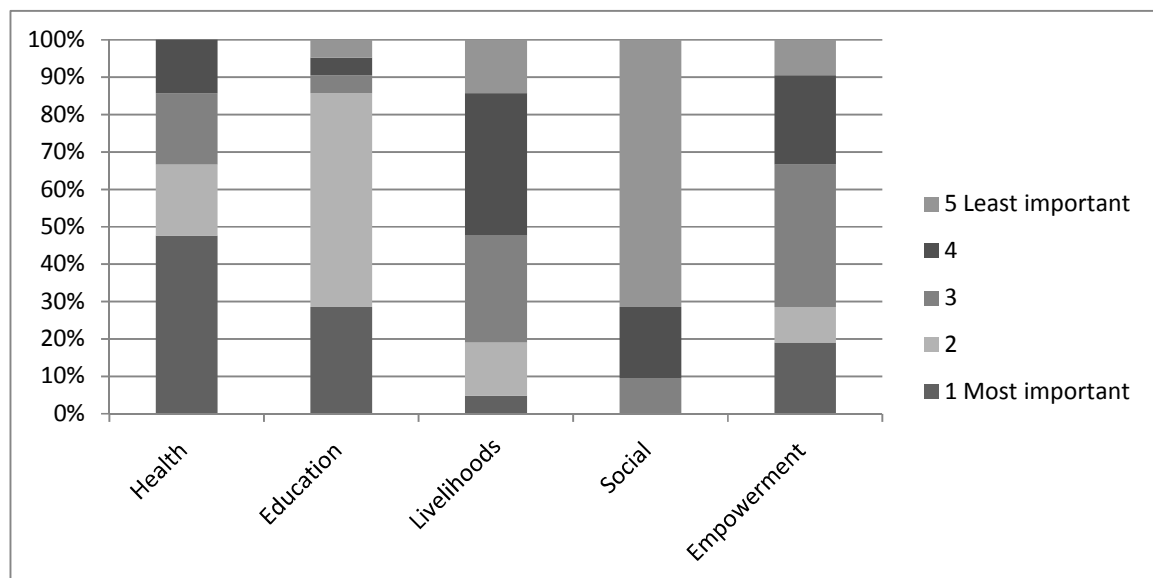
**Vanuatu:** Aside from the existence of 14 self-help groups in six provinces affiliated with the national DPO, respondents were not able to provide information on empowerment programs in Vanuatu.

## SECTION 6: NEEDS AND PRIORITIES

### Regional Summary of Quantitative Data

This study explored the service and program needs and priorities of people with disabilities, using the sectors featured in the World Health Organization's Community-Based Rehabilitation Matrix (CBR Matrix). From the twelve countries surveyed, the CBR Matrix sectors were ranked from most important to least important (1-5) (Figure 6.1). Overall, education ranked as most important, with approximately 85% of respondents ranking it as most important or second most important, followed by health (66%), empowerment (29%), and livelihoods (19%). None of the respondents ranked the social sector as within the two most important categories. Note that if the third most important cutoff is used then the health sector ranks only slightly behind the education sector as most important (91% versus 86%).

**Figure 6.1 CBR Matrix sectors ranked from most to least important (1-5)**



The picture varies considerably by country status, as depicted in Table 6.1. In the Federated States of Micronesia, education was ranked as *least* important followed by health, whereas livelihoods ranked as most important followed by empowerment. In the Cook Islands, health was most important followed by empowerment. In Fiji, Palau, Samoa and Tonga, health was most important followed by education. In Papua New Guinea and the Solomon Islands, education was ranked as most important followed by health. In Tuvalu and Vanuatu, health was ranked as most important followed by livelihoods. Participants from Kiribati and Niue abstained from completing this section of the report citing reasons including lack of time or knowledge.

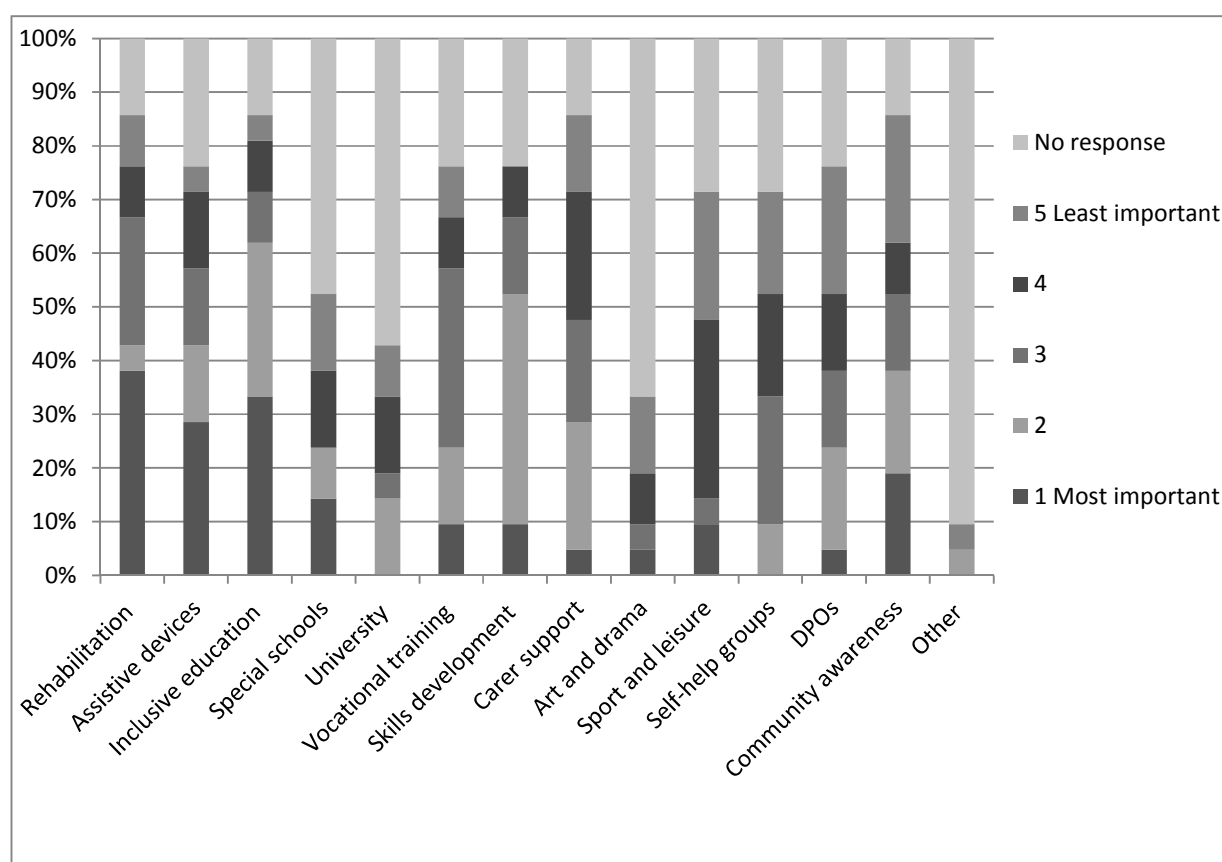
**Table 6.1 CBR Matrix Sectors ranked from most to least important (1-5) by country**

	Health	Education	Livelihoods	Social	Empowerment
Cook Islands	1	3	4	5	2
Federated States of Micronesia	4	5	1	3	2
Fiji	1	2	4	5	3
Papua New Guinea	2	1	4	5	3
Palau	1	2	3	4	5
Samoa	1	2	4	5	3
Solomon Islands	2	1	3	5	4
Tonga	1	2	3	5	4
Tuvalu	4	1	2	5	3
Vanuatu	3	1	2	5	4

Of the 14 sub-categories within the CBR Matrix (see Figure 6.2 below), inclusive education was ranked as most important with approximately 60% of respondents ranking it as most important or second most important, followed by skills development (53%), rehabilitation and assistive devices (43%), community awareness (38%), carer support (28%), DPOs, vocational training and special schools (24%) (Figure 6.2). If one examines the top three most important categories as the cutoff, then rehabilitation ranks as equal second most important, along with skills development (66%) behind inclusive education (71%), and vocational training is equal third most important with assistive devices (57%). Consistent with the lower cutoff, community awareness (53%), carer support (48%), and DPOs (38%) also rank highly, however, self-help groups (34%) poll relatively well with a higher cutoff.

The rankings of sector categories by individual respondents differed from country to country, and even between respondents within a given country. Table 6.2 presents rankings by a single respondent from each country surveyed. Respondents from Fiji, Cook Islands, Papua New Guinea, Solomon Islands and Tonga ranked rehabilitation and assistive devices as their top three most important categories. Respondents from the Federated States of Micronesia, Palau, Samoa, Tonga, Tuvalu and Vanuatu ranked inclusive education as within their top three most important categories. Respondents from Fiji, Palau, Tuvalu and Vanuatu ranked skills development as within their top three most important categories.

**Figure 6.2 CBR sector sub-categories ranked from most to least important (1-5)**



**Table 6.2 CBR sector categories ranked from most to least important (1-10) by country**

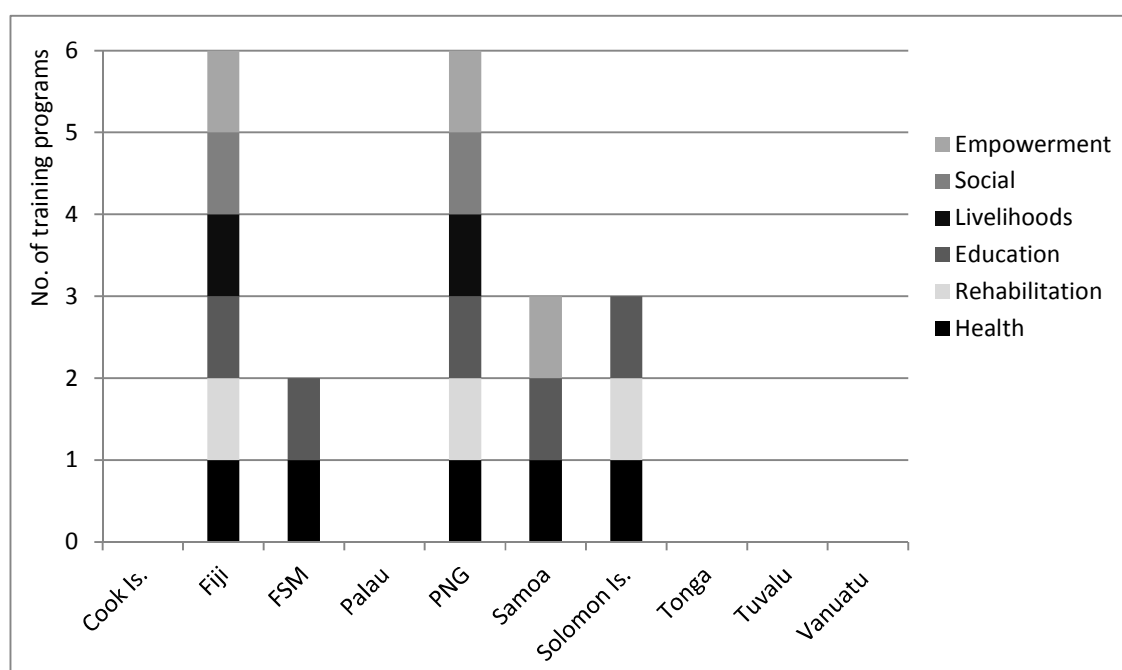
	Cook Islands	Fiji	FSM	Palau	PNG	Samoa	Solomon Is.	Tonga	Tuvalu	Vanuatu
Rehabilitation	1	2	1	9	2	1	1	1	5	7
Assistive devices	2	1	9	8	1	0	3	3	6	3
Inclusive education	10	4	3	1	6	2	4	2	1	1
Special schools	0	9	0	0	7	3	7	0	2	0
University	0	7	0	0	8	4	0	0	10	0
Vocational training	9	6	2	6	4	5	10	6	7	6
Skills development	6	3	4	3	5	0	8	7	3	2
Carer support	3	5	5	5	4	6	9	8	4	8
Art and drama	0	0	0	0	8	7	0	0	9	9
Sport and leisure	7	8	10	2	8	8	0	10	8	10
Self-help groups	5	0	8	10	4	0	6	9	0	4
DPOs	4	0	6	7	10	10	5	4	0	4
Community awareness	8	10	7	4	3	9	2	5	0	5
Other	0	0	0	0	0	0	0	0	0	0

## SECTION 7: HUMAN RESOURCES FOR DISABILITY SERVICES

### Regional Summary of Quantitative Data

Five of the twelve countries surveyed offered training programs for personnel which provide support services to persons with disabilities (Figure 7.1). Countries include Fiji, Federated States of Micronesia, Papua New Guinea, Samoa and Solomon Islands. Of these countries, Fiji and Papua New Guinea offered programs across the six categories: health, rehabilitation, education, livelihoods, social, and empowerment. The remaining countries offered programs in health and education, with the Solomon Islands and Samoa offering additional personnel training in rehabilitation and empowerment, respectively.

**Figure 7.1 Availability of training programs for personnel which provide support services to persons with disabilities**



### Regional Summary of Qualitative Data

In gathering qualitative information on human resources relating to disability services, the question posed to respondents solicited their opinion on what they considered to be the largest skills gaps related to disability services. Respondents approached the question in different ways. For instance, some respondents focused on specific sectors, and others expressed the need to provide professional support for specific groups of people with disabilities.

Many respondents found it difficult to identify one particular area where professionals were most needed, as all areas of disability specific services are severely under-resourced. The respondents represented a diverse range of disability stakeholders, from inclusive educational officers to DPO leaders and rehabilitation-focused service providers, and correspondingly, respondents were mostly easily able to identify skills gaps in the sector with which they were most familiar.

Respondents reported that the health and rehabilitation sectors were particular priorities. Respondents specifically mentioned large skill gaps in the areas of occupational and speech therapy and P&O, where there are few locally-trained or permanent therapists available. Only the respondent from the Cook Islands mentioned a large gap in the area of community-based disability support work. Skills gaps were identified more strongly in the rehabilitation, rather than surgical or medical fields of disability.

Skills gap in the area of inclusive education were also frequently mentioned. Respondents noted that importance of having trained teachers who are able to identify children with disabilities, and provide appropriate education.

Many respondents were of the view that professionals in the health, education, livelihood and other sectors needed to be trained to address disability and engage with people with disabilities as part of their routine work. Respondents emphasised the need for professionals in all sectors, whether disability specific, or disability inclusive to work from a rights-based approach. This is an area where DPOs could be engaged to provide support and advice.

Some respondents identified gaps in relation to working with specific groups of people with disabilities. Respondents from the Federated States of Micronesia commented on the lack of professionals able to work with people with autism, vision or speech impairments, whilst in Papua New Guinea, respondents prioritised professionals able to better support people with quadriplegia or paraplegia.

### **Country Specific Data**

**Cook Islands:** Cook Island respondents specified that disability support workers who are able to work one-on-one with people with disabilities and family members would greatly improve the quality of life for people with disabilities. Respondents also reported that funding was important to ensure that disability specialists were consistently available to provide “well-rounded” services through the existing rehabilitation centres.

**Federated States of Micronesia:** Respondents reported that although government programs identify children with disabilities, there are no trained specialists to provide early intervention support for them, particularly in relation to autism, acquired brain injury, and vision and speech impairments.

**Fiji:** Respondents from Fiji identified a number of priority areas for human resourcing. Rehabilitation specialists, particularly occupational and speech therapists, are required. Respondents also observed that education professionals designing training programs for people with disabilities need to do this with a view to achieving recognised qualifications and

mainstream employment. At the DPO level, human resources were required to lead organisations and manage funds appropriately.

**Kiribati:** Respondents from Kiribati did not provide comment on human resource skill gaps and priorities.

**Niue:** Respondents from Niue reported that the largest skill gaps are in the area of health, particularly in the assessment of disability, and the subsequent provision of support and assistive devices.

**Palau:** Respondents from Palau did not provide comment on human resourcing skill gaps and priorities.

**Papua New Guinea:** Respondents observed that disability is a new area of development for the government and so it is important that existing health, education and other professionals have appropriate training in engaging with people with disabilities. Specialist rehabilitation professionals are also required to work with paraplegic and quadriplegic individuals.

**Samoa:** In Samoa, respondents emphasised that a skilled local workforce in education and health are vital. They stressed the importance of early detection and intervention, including the need for occupational and speech therapists. P&O professionals were also rated as crucial, with many people using wheelchairs and crutches.

**Solomon Islands:** Respondents reported that continuous engagement is required with stakeholders who work with people with disabilities to address attitudinal barriers. Other priority areas include the training of inclusive education professionals to teach children with disabilities, and to be able to identify children with disabilities who may require special support.

**Tonga:** Respondents from Tonga commented that it was difficult to specify gaps in services and human resources due to the paucity of disability professionals across all areas. However they did note that irrespective of the particular services developed, these need to proactively protect and promote the rights of people with disabilities through training for staff, which would strengthen service provision.

**Tuvalu:** Tuvalu respondents reported that there is a need for professionals who can engage effectively with people with intellectual impairments and mental illness.

**Vanuatu:** Respondents from Vanuatu observed a large skills gap in the area of inclusive education.

## SECTION 8: PROMISING PRACTICES AND GAP ANALYSIS

This mapping study clearly identified examples of service models and practices that are fostering disability inclusion, and also areas of service provision and human resource capacity gaps. A synthesis is provided below which highlights promising practices in addressing disability services, as well as service and human resource gaps for the region.

### Promising practices:

- There are a number of examples of partnerships between regional organisations and Australian-based organisations that are enabling the progressive capacity development of service providers within local contexts, while simultaneously supplementing service gaps until independent capacity is attained. There are also partnerships that focus on the provision of assistive devices, and some which are a vehicle for funding support or joint fundraising, and for technical and professional development. The weekly video-teleconferencing between Samoan DPO, *SENESE*, and the *Sydney Cochlear Implant Centre* and the *Royal Institute for Deaf and Blind Children* is a striking example of a way to provide consistent, regular human resource development to disability specialists. The partnership between the Solomon Islands CBR program and *Motivation Australia* has also resulted in improved capacity to provide wheelchairs and conduct seating assessments.
- Inclusive education officers have been appointed in Tonga and Samoa. A number of countries have also embarked upon the development of inclusive education policies. In Vanuatu, three disability and education stakeholders undertook a study tour of education services in Papua New Guinea, and combined this with Vanuatu-based consultations for the development of an inclusive education policy.
- In Papua New Guinea, *Callan Services* operates 22 Special Education Resource Centres located across the country, providing special education, inclusive education and home-based education support. Supports available for educating children with disabilities include assistants, interpreters, Braille systems and sign language training. Respondents reported that the coverage of these services is wide and outreach programs reach students in remote areas.
- *SENESE* partners with the Samoan government to up-skill staff of early childhood centres. Both Vision and Hearing screening programs are also run in primary schools, and 70 children have been tested and fitted with hearing aids and four have received cochlear implants.
- In Vanuatu, AusAID is supporting the piloting of “hybrid” accessible schools using locally available materials. If successful, this model could potentially be adapted for use in other Pacific Island Countries.
- The partnership between the *Fiji Disabled People’s Association* and *femLINKpacific* which demonstrates that partnerships with organisations working with women can be an effective way of empowering women with disabilities, especially in situations where the respective DPO has limited capacity to deliver its own women-specific empowerment programs.



- In Vanuatu *Won Smolbag* demonstrates a number of innovations in social support such as inclusion of people with disabilities in the cast, featuring disability as a theme in theatre productions, and to a lesser extent inclusion of people with disabilities in other programs such as youth and sports.

## Gaps:

In terms of gaps, stakeholders overall appreciated that disability specific and inclusive service provision is a new area, and so it is understandable that gaps do exist. A summary of the key gap areas raised by respondents is provided below:

### Health:

- There is a low coverage of speech and hearing-related services, assistive devices and professionals across the region.
- While rehabilitation services are available in all countries, except Niue, they are concentrated in the main urban area and typically through the national referral hospital, and as such there is much less access for outer island or remote area residents. Where services are available at the hospital level, there is limited coverage of community-level follow-up and case management after discharge.
- Operations for the correction of post Polio contractures, for management of spina bifida, correction of vesico-vaginal fistula, and for correction of incontinence are not widely available within countries.
- Papua New Guinea accounted for one-third of the providers of assistive devices for the region, and so there is a need to support the provision of all types of assistive devices within countries, and especially hearing-related devices where there is a crucial lack.
- Volunteers or visitors mostly provide specialist services - for example occupational therapy. Psychosocial support is not generally available, and health promotion programs are not disability inclusive, on the whole.

### Education:

- As inclusive education is introduced across the Pacific, curriculum development and teacher training (both pre-service and in-service) for inclusive education is needed. There are few academic institutions across the Pacific that currently train teachers in inclusive or special education (namely, university programs in Fiji, Papua New Guinea and Samoa).
- Old school buildings will require retro-fitting, and standards will need to be developed for the schools that incorporate universal design principles, but which are context-appropriate.
- Education support services such as teachers' aides, interpreters and Braille learning systems are low across the Pacific.
- The number of high-school level special education programs is low, and at the tertiary level, only one provider, the *University of the South Pacific's* Fiji Campus is working on measures to make the infrastructure of campus and dormitories physically accessible.

#### *Livelihood Programs:*

- Of the livelihood programs that were reported across the Pacific, few were disability inclusive or specific. Of the two, disability specific programs were more common which indicates that disability is not being effectively mainstreamed across programs. For example, only three countries had mainstream cash transfer and health insurance programs that were inclusive of disability. Of the vocational programs reported, there were very few examples where they converted to job placement or employment for the people with disabilities who participated.
- Respondents raised concerns about the appropriateness of some of the vocational training programs available to people with disabilities and how these are aligned with the needs in the job market.

#### *Empowerment Programs:*

- An urgent priority that was identified by respondents is to increase the resources available to DPOs for their own capacity building, as well as to enable their service delivery.
- Empowerment programs must begin with the people with disabilities themselves. On rights grounds, it is people with disabilities who are entitled to be informed and equipped to change their lives and so empowerment programs must be informed by and responsive to the priorities of people with disabilities.

#### *Social Support Programs:*

- There is limited coverage of programs for carers of young children with disabilities, and no programs at all which supported the parents, families and carers of older children, youth or adults with disabilities, indicating that this is a large gap in social support.
- Respondents noted both the importance but also the absence of programs to enable participation in community and cultural events in the Pacific.

#### *General Needs and Priorities:*

- Services are evenly split between government and non-government providers, however the majority of non-government providers reported fluctuating funding and discontinuous service provision.
- Many respondents found it difficult to identify one particular area of disability services where professionals were most needed, since all areas are severely under-resourced. However, health and rehabilitation sectors were particular priorities, especially physiotherapy, occupational therapy and specialists for speech and hearing impairments.

## **SECTION 9: LIMITATIONS**

Whilst this study benefits from a mixed method design and gives voice to respondents across a variety of countries and organisation types, it is a preliminary mapping of disability services and human resources. The study is limited by sample size (33) and is not a representative or random sample; therefore, the results of this study must be interpreted with caution. The number of respondents differed across countries, such that the higher number of disability services reported in Fiji, for example, may be biased by a higher number of respondents. In addition, the number of respondents differed by organisation type and hence the information provided on available services, human resource capacities, and needs and priorities will be biased accordingly. For example, disability service providers represented only twelve percent of the sample and hence are under-represented in the results. Furthermore, the distribution of respondent organisation type differed across countries. For example, in Fiji, four of the seven respondents were from Disabled People's Organisations with no government respondents, whereas in Papua New Guinea, two of the three respondents were from government with no respondents from Disabled People's Organisations. As the research team did not have the opportunity to visit the services described in this study, and there were no objective measures to ascertain the quality of services described or provided, the report writers were reliant on the knowledge and experience of respondents.

Given the short time frame in which this study was conducted, the geographical breadth that such a review would cover, and the lack of reports readily available on the internet the report developers did not have the opportunity to conduct a review of the existing reports and literature to supplement information gathered in the interviews. A follow up exercise to review existing literature is recommended.

The study would also have benefited from further exploration and follow up in countries with fewer respondents (e.g. Tuvalu, Kiribati and Niue), and where major service providers were not respond to the initial invitation to participate in the study (e.g. Papua New Guinea).

Finally, study would also benefit from further exploration at the country level of gender, age, impairment, geographic and socio-economic disparities relevant to access to services to ensure future investments include and benefit all people with disability (and their families/carers) on an equal basis.

**Table 9.1 Respondent information by country of origin and organisation type**

	Total	Respondent Organisation Type				
		DPO	Government	Service Provider	Academic	Other
Cook Islands	3	1	1	1	0	0
Federated States of Micronesia	2	1	1	0	0	0
Fiji	7	4	1	1	0	1
Kiribati	1	0	1	0	0	0
Niue	1	0	1	0	0	0
Palau	3	1	2	0	0	0
Papua New Guinea	3	0	2	0	1	0
Samoa	4	1	2	1	0	0
Solomon Islands	3	1	0	1	1	0
Tonga	3	2	1	0	0	0
Tuvalu	1	0	1	0	0	0
Vanuatu	2	1	1	0	0	0
Total	33	12	14	4	2	1

## SECTION 10: ANNEX

### Country Profiles

Cook Islands		
Provider	Area(s) of work	Program Description
Te Vaerua Community Rehabilitation Services, Raratonga	Rehabilitation	Te Vaerua is an NGO which provides occupation and physical therapy, there are some assistive devices available (e.g. wheelchairs and walking frames) but these are all dependent on donations. There is also a Home Support worker. As they are dependent on donations, full services cannot always be provided.
Raratonga General Hospital	Rehabilitation	There is a physiotherapy unit with a resident physiotherapist. There are some assistive devices available such as wheelchairs, walking frames, crutches, and eyeglasses. Referrals are made to the hospital from outer islands, but there are costs associated with services.
Nukutere College  Inclusive Unit, Avarua	Education	This is an inclusive education unit within the High School. There are teacher's aides and assistive devices. There is some infrastructural access including ramps and other disability facilities. This is a private school. All students enrolled pay fees which are usually more expensive than state schools. Because it's a catholic church run school, non catholic enrolees pay \$100 more.
Tereora College  Inclusive Education Unit	Education	This is an inclusive education unit with the government school. There are teacher's aides, assistive devices and support from the MoE. Accessibility is an issue as there are no footpaths, no ramps, or user friendly facilities
St Joseph's Primary School	Education	An inclusive education primary school run by a church group. There are teacher's aides and MoE Support services. The entire school is wheel chair friendly. As it is a private school students pay more than they would in state primary schools
Te Uki Ou Primary School	Education	This is a fully inclusive school, the same as St Joseph's above. It is the most expensive private school on the island.

Mangaia School	Education	Inclusive education primary and secondary school. There are teacher's aides and MoE Support services. The school is wheelchair friendly, and there are ramps and accessible toilets. Tuition is free.
Avatea School	Education	Government run inclusive education primary school. There are teacher's aides and MoE Support services. There is little access, and infrastructure needs improvement. Tuition is free.
Rutaki School	Education	Government run inclusive education primary school. There are teacher's aides and MoE Support services. There is little access, and infrastructure needs improvement. Tuition is free.
Creative Centre	Education, Social Support	A registered special school which enrolls adults with various disabilities. There is a sheltered workshop. The centre also does disability awareness, art and drama programs and vocational skills in computers, literary and cooking. There are some advocacy activities. Enrolled students are provided free lunches and there is a pick-up and drop of service.
Ministry of Education / Southern Institute of Education (NZ)	Education	Provides certification in Teacher Aiding. Teacher aides from outer islands are flown in to join teacher aides from Rarotongan schools. The aides attend a two week study, and then are attached to a school to do practicum. They are visited by MOE official for the rest of the course.
University of South Pacific – Cook Islands	Education	Bachelor of Education (Special/Inclusive Education). Respondents are not sure of the accreditation of this Programme and how well it addresses the training needs of teachers.
Ministry of Internal Affairs	Livelihoods	The government provides a disability (or infirm) allowance as well as an old age pension.
Outer Island Disability Learning Centres	Social Support	The Centres provide disability awareness programs, art and drama, sports and recreational programs. They are located in Aitutaki, Mangaia, Pukapuka, Mauke, Atiu, Manihiki and Penrhyn
Cook Islands National Disability Council	Social Support, Empowerment	CINDC is a National DPO which runs disability awareness programs and advocacy.

<b>Federates States of Micronesia</b>		
<b>Provider</b>	<b>Area(s) of work</b>	<b>Program Description</b>
Pohnpei Consumer Organisation	Empowerment	National DPO working in advocacy.
Pohnpei State Hospital	Rehabilitation	Physiotherapy is provided.
Genesis Hospital	Rehabilitation	Physiotherapy is provided, but it is a private hospital where services are costly.
FSM Department of Education and	Education	Provides teacher aide/assistants, assistive devices, secondary school transition services, sign language and Braille. All services are free of charge to parents and students.
College of Micronesia-FSM	Education	The College has a 3 <sup>rd</sup> Year Teacher Certification in Special Education.
FSM National Social Security Administration	Social Support	Social Security Disability Benefits to eligible people with disabilities.

<b>Fiji</b>		
<b>Provider</b>	<b>Area(s) of work</b>	<b>Program Description</b>
Fiji School for the Blind and Resource Centre	Education, Health, Livelihood	Fiji School for the Blind and Resource Centre is located in the country's capital, Suva. It serves as resource centre for the blind people across. Programme includes: a) early intervention of visually impaired pre-school children, b) primary education (Grades 1-8), c) integrated education, and d) community-based rehabilitation programmes, which includes primary eye care and livelihood programmes. Hostel accommodation is available to students from rural areas. The project is in

		partnership with Fiji Society for the Blind.
Gospel School for the Deaf	Education, Social Support	Gospel School for the Deaf is located in Fiji's capital city, Suva. It was established in January 1999 under the umbrella of Gospel Schools Council of Education, a part of Fiji Gospel Churches. The school aims to promote full and productive integration of deaf people in the community. It offers primary education to deaf children from Suva and other districts of Fiji. Hostel accommodation is provided for rural students. The school also conducts sign language classes for parents, students and other professionals, and advocates for equal opportunities.
Project HEAVEN (Hearing and Vision Enhancement )	Rehabilitation	Project HEAVEN (Hearing And Vision Enhancement), started in October 1998 is located at Tamavua Hospital in Suva District. The project conducts ear and eye screening for students in primary and secondary schools throughout Fiji. Children with vision and hearing impairment are referred to the nearest hospital or health centre for medical intervention. The project also assists in provision of eye glasses and hearing aids. It has good networks with the Department of Education and Department of Health.
Community Rehab Occupation Program (CROP)	Rehabilitation	None provided.
Tamavua Rehabilitation Centre	Rehabilitation	The centre is located in Suva. There are Doctors, Nurses, physiotherapy and prosthetic services available. Based in Suva. The services are free.
United Blind Persons Fiji	Empowerment, Rehabilitation	The DPO visits members and provide assistive devices such as white canes, spectacles, reading lenses, talking watches, talking Bibles as well as calculators. The main office is based in Suva office. Services are free of charge, under a government grant.
Pacific Eye Institute	Rehabilitation	Specialist eye doctors are available, and they provide monthly check-ups. Check-ups are free for UBP members.
Lautoka Teachers College (Fiji National University)	Education	Special Education courses provided as part of teacher Training (may have been discontinued). Previous to this there was a Government in-service training on special education.
Fiji	Social Support	Runs the Matua Junior Sports Program covering all the 16



Paralympics Committee		special schools in Fiji. Total number of people with disabilities reached through these schools is approximately 800.
Spinal Injuries Association	Rehabilitation	<p>SIA operates at the national, community and household level. Members are provides services at the Brown Street Centre, and at the community level when SIA travels outside Suva to distribute equipment. Medical supplies such as catheters, urodon, diapers and urine bags are also provided.</p> <p>SIA is an affiliate of FDPA which has 22 local DPO branches. These branches act as a point of contact for identifying needed equipment, supplies and services as well act as a distribution point for SIA when appropriate. However according to an Australian service provider the quality of wheelchairs is not at the WHO approved level.</p>
Fiji School of Medicine	Rehabilitation	FSM trains Community Rehabilitation Assistants (at Certificate level) and Physiotherapists. Training for physiotherapists in Fiji is at the degree level (4 years) and CRAs at the certificate level (1 year). PIC students (non Fijians) make up approximately 40% of graduating class ranging from 8-12 a year. This is the main training centre for physiotherapists across the Pacific (with the exception of PNG) most physiotherapists in the Pacific are trained here.
Fiji National Council for Disabled Persons	Livelihoods, Empowerment	Vocational training program available including computers and microfinance. Also runs Promoting Disabled Persons Equal Participation in Society (PDPEPS) program.
Ministry of Social Welfare	Social Support	Government funds monthly \$30 food vouchers, \$60 allowance, free bus pass for the elderly, people with disabilities and school children. The only cost to recipients is their transport expenses to receive vouchers.
Fiji Disabled People's Association	Empowerment	Conducts disability awareness programs in communities with families, villages, headmen, women's groups and churches etc. Rights education programs have also been run with UNDP on human rights of people with disabilities. Government has included FDPA in disaster management programs, and the organisation has provided advice on inclusion in policy, accessible evacuation centres etc. Also runs training amongst its members on awareness of CRPD, empowerment and demanding rights. AusAID has provided FDPA members with computers, printers, cameras and office supplies. This has enabled better communication and recording and reporting of activities to donors.
Fiji	Empowerment,	Sign language classes and interpreters are available.

Association for the Deaf	Education	
University of the South Pacific	Education	The Faculty of Arts and Law at the University of the South Pacific offers a Bachelor of Education in Special and Inclusive Education. Currently program changes are underway and plans are progressing to include modules on inclusive education in all Bachelor of Education programs.

<b>Kiribati</b>		
<b>Provider</b>	<b>Area(s) of work</b>	<b>Program Description</b>
Tungaru Rehabilitation Services, Ministry of Health	Rehabilitation	The rehabilitation department provides physiotherapy, P&O services and wheelchairs. Weekly CBR services are also offered by TRS. There is a physiotherapist and a P&O Technician. Mobility aids and assistive devices are subsidised. Wheelchairs are free as they are provided through Motivation Australia.
Motivation Australia	Rehabilitation	Currently active in Kiribati. Conducted a feasibility study in 2008. Works with Te Toa Matoi and Tungaru Rehabilitation Centre. Has provided training for the 2 physiotherapist and 1 P&O Technician on wheelchair provision. Have organised 2 AVIs to support the program one each for Te Toa Matoi and the other for Tungaru Rehabilitation Centre. Motivation Australia has also funded 3 outer island outreach visits in 2008 as a pilot to assess feasibility. The conclusion is that the trips are very expensive and is not something Motivation can sustain.
Red Cross School for Disabled Children	Education	Runs education programs specifically for children with disabilities.
Te Toa Matoi	Empowerment	Kiribati National DPO. There is a sub-DPO, Wheels of Love that was formed with Motivation Australia.

<b>Palau</b>		
<b>Provider</b>	<b>Area(s) of work</b>	<b>Program Description</b>
Omekesang Association	Social, Empowerment	DPO which does some recreational and social support.

Palau National Hospital	Rehabilitation	Provides a very limited range of services mostly in counselling (for mental health). They have a partnership with the Shriners Hospital in Hawaii which arranges yearly visiting specialists who are able to conduct some of the surgeries required.
Palau Headstart Program / Palau Community Action Agency	Education	An inclusive education initiative partially supported by the Ministry of Education for children aged 3 -5.
Ministry of Education	Education	Provides teacher training on special and inclusive education.
Ministry of Health	Rehabilitation	The MOH provides some physiotherapy, care of prosthesis, and outreach services. Some wheelchairs and mobility aids are available. For amputees, they take measurements for stumps and send it off to Philippines for creation of lower limb prosthesis. There is also some financial assistance for people with disabilities through the Disability Funds Act.

Papua New Guinea		
Provider	Area(s) of work	Program Description
Callan Services National Unit,	Rehabilitation, Education	Services are provided through a national network of 22 Special Education Resource Centres (SERC). Not all services are available at all Centres. School fees are generally charged but are a minimal cost. Programs include Early Childhood Education, Special Education, Inclusive Education, and CBR, Physiotherapy, Vocational Training, Job Placement, Services for people who are deaf and Home Based Education Programs. There are also some assistive devices. Respondents report that sometimes it's difficult for PWD to reach these centres to obtain these services.
Cheshire Disability Services	Rehabilitation, Education	The centre is in Port Moresby. Services are either free or at minimal cost. There are a number of assistive devices available for student. Main programs are in the areas of Special Education, Inclusive Education, Vocational Training, Early Intervention Programs, Job Placement, Physiotherapy, Residential Care and CBR.
National Orthotic and Prosthetic	Rehabilitation	Fits and provides Prostheses, Orthoses, as well as other assistive devices such as wheelchairs and crutches. The main centre is in Port Moresby General Hospital. Regional

Services (NOPS) – National Dept. of Health		centres are in Lae, Mt Hagen, Aitape and Rabaul. They work alongside the Provincial Hospitals.
Fred Hollows	Health	There are resident ophthalmologists, nurses and doctors. They perform eye surgery, and provide eye glasses. Services are free.
Provincial Hospitals	Rehabilitation	Government provides physiotherapy. There are CBR workers. Charges apply, but CBR is free.
Callan Specialist Health Services / Callan Studies Institute	Education	Provides an Associate Certificate in Community Based Rehabilitation. Located in Wewak (East Sepik Province). Funding constraints has resulted in the course not being delivered in 2011. There is a need for it to be supported/revived.
Divine Word University	Education / Rehabilitation	The University is located in Madang and Wewak. There are a number of degrees related to Disability including the Bachelor of Special Education, Bachelor of Disability Studies, Diploma & Bachelor in Physical Therapy Diploma/Advance Diploma in Prosthetics & Orthotics and Diploma in Eye Care. The Physiotherapy Course was established in 2003 to meet the growing demand for trained Papua New Guinean physiotherapists and to minimise dependence on foreign physiotherapists. This is a three-year course of study, and graduates are also required to satisfactorily complete a one-year internship. The broad long-term aim is to strengthen physiotherapy services in hospitals and facilitate rehabilitation of people with disabilities at the village level. The curriculum was developed in cooperation with CBM and Callan Services for Disabled Persons. 2008 marked the start of annual intakes of students in response to the anticipated high demand for trained PTs. CordAID provides scholarship for exceptional physiotherapists to work with the physiotherapy departments in some hospitals.
Teachers Training Colleges	Education	There are 6 Teacher training colleges across the country. The colleges provides a Certificate in Special Education (pre and in-service). Programs are run annually, jointly through government and churches across the country for elementary school teachers.
PNG Institute of Education	Education	Diploma in Inclusive Education is run biannually in Port Moresby by the government.

PNG Assembled of Disabled Persons (PNG ADP)	Empowerment	National DPO.
Callan Services for Disabled Persons Wewak National Unit		Callan Services for Disabled Persons Wewak is located on the campus of a teacher-training college in Wewak/East Sepik Province, in the Northeast of Papua New Guinea. The project, began by training teachers and community workers in disability work, and providing services to people with disabilities in the East Sepik Province. From 2005, the Diocese of Wewak, through the Board of Governors, has taken on direct responsibility for services for disabled people in the province. The project continues as the Callan National Unit, supporting Resource Centres and Community-based Rehabilitation (CBR) projects, and promoting the development of services for people with disabilities nationwide. It is a focal point and a national training institution for Special/Inclusive Education and CBR. In 2009, the project has taken over the management of Callan Optical Workshop.
Eye Care Program in the Eastern Highlands		The Eye Care Programme in the Eastern Highlands, known as Goroka Eye Unit, is based at the provincial hospital in Goroka, the capital of Eastern Highlands Province. It began with the secondment of a CBM ophthalmologist in 1995. The unit provides vital eye services to the region, conducts outreach surgical missions to remote and underserved areas in the country. Nurses and other auxiliary staff are trained in basic eye care and identification of cataract. The University of Papua New Guinea has granted official training status to the Eye Unit, enabling it to train national doctors and nurses.

Samoa		
Provider	Area(s) of work	Program Description
Motootua Hospital	Rehabilitation	Rehabilitation professionals (mostly physiotherapists) are available and a few assistive devices. Referrals are made from the district level. Has limited orthotics and prosthesis. Vision services are provided by ophthalmic nurses and technicians. Assistive devices include locally made spectacles, low vision aids and white canes. Many of the

		visiting specialists for specific surgery are hosted here.
SENESE	Rehabilitation, Education	Services are available at the household level and at school. Provides Inclusive education and other programs in partnership with Ministry of Education. There is a speech therapy program (in partnership with National Hospital and RIDBC Sydney), also has a hearing aid technician. They fit cochlear implants, hearing aids but have limited wheelchairs / standing frames. There are visiting OTs from Australia. SENESE also provides support to parents group. Many of their programs are geared towards deaf students.
Loto Taumafai Samoa Special School	Rehabilitation, Education	Located in Central Apia, the capital city of Samoa, Loto Taumafai Society for the Disabled has established an early intervention programme, running parallel to their day-centre for children with various disabilities. The overall aim of the project is the improvement of the quality of life of children with disabilities through the early detection of and intervention of childhood impairments. The target coverage is the 2 main islands, Upolu and Savaii. This is the only early intervention program in Samoa. The special primary school teaches the national curriculum. Students are encouraged to enter inclusive schools through this program whenever possible. There is one full time physiotherapist from New Zealand on a one year contract, and an occupational therapist on two year volunteer contract from JICA. They provide wheelchairs, walking frames, crutches, walking sticks, arm and leg splints, glasses, canes, books and toys. Currently have 300 clients, training is also provided to field workers, parents and care-givers by visiting specialists.
Aoga Fiamalamalama  Samoa Special School for Children with Intellectual Disabilities	Education	Special school for children with intellectual disabilities, currently only accessible to urban children. Respondents report limited capacity and no trained staff.
Prevention and Rehabilitation and Education of the Blind (PREB)	Education	PREVENTION of blindness, REHABILITATION & EDUCATION of the incurably BLIND people (PREB) is an inclusive education program which provides Braille materials for the blind and visually impaired people of Samoa. It serves all blind and visually impaired students of Samoa. P.R.E.B. does not run a school for the blind, as all blind and visually impaired students attend their own village schools respectively.

National University of Samoa, Apia	Education	Has a two year Diploma of Special Education and in Teaching (Inclusive Education) up to BA level. This is where most of the teachers who teach in inclusive / special schools receive their training.
Special Education Unit for Savai'i (SEUS)	Education	Special Education providing support in Savai'i.
Women in Business Program	Livelihoods	Provides training for women (including women with disabilities) for business start up. The program is funded by U.N. So far more than 20 women with disabilities have been through the program.
Ministry of Women, Community and Social Development	Social	Provides a twice yearly training in disability rights to government, NGO and other stakeholders.
Nuanua O Le Alofa (NOLA)	Empowerment , Livelihoods	National DPO which amongst other activities runs livelihood trainings for women with disabilities in areas such as handicrafts, weaving, sign language, Braille and computers.
Samoa Association of Non-Government Organizations	Empowerment	Provides training in leadership which is inclusive of people with disabilities.
Rotary Clun	Rehabilitation	Provides generic wheelchairs, shower chairs and walking frames.
Mormon Church	Rehabilitation	Provides generic wheelchairs, shower chairs and walking frames.
Deaf Club	Empowerment	Informal group at the moment supported by SENESE

Solomon Islands		
Provider	Area(s) of work	Program Description
National Referral Hospital	Rehabilitation	They offer physiotherapy and occupation therapy (though this position is currently vacant). There is also a speech therapist from JICA. P&O and CBR workers are Solomon Islanders. Assistive devices are also available such as wheelchairs, walkers, crutches, prosthesis and orthoses.

		Devices are free of charge but transportation home is costly. Clients also have to wait in town while waiting for devices.
Ministry of Health (community based rehabilitation services)	Rehabilitation	Works in the community to provide CBR, Physiotherapy, Prosthetics and Speech Therapy. They have the same devices as the National Referral Hospital but they are accessed through the National CBR Unit. The CBR Unit also provides in service training for CBR Field workers. Respondents report that the programme is mainly rehabilitation focussed. CBR workers are present in all but 2 provinces, but the program is still very short-staffed.
Solomon Islands College of Higher Education (SICHE)	Education	Diploma in CBR is currently in a pilot phase. The first intake was in Feb 2011, and there are currently 20 students enrolled. The teacher training program has a module in disability but this is not compulsory. Internships for teachers are also available at the Red Cross Centre and Bethesda Disability Training and Support Service.
Red Cross Special Development Centre	Education	Special kindergarten and primary school. There is a pick-up and drop off service for students to go to the school. However, it is costly for rural / provincially based students to attend.
Bethesda Disability Training and Support Service	Education, Livelihoods	Special vocational school started in 2010 which enrolls students with physical disabilities. Currently there are 12 students enrolled. It is an 8 week residential vocational training and life-skill program. Programs include community health education, gardening, poultry, woodwork, sewing, cooking, typing, Christian education, and sports. Program advisor is an Occupational Therapist from New Zealand. Other teaching staff (e.g. support workers, woodwork / agriculture teacher) are Solomon Islanders. Respondents report that teaching resources/textbooks are of a professional standard, and are suited to Solomon Island context. Bethesda has a close partnership with the MOH CBR program which funds course fees and transport for students from the provinces. Students are also referred by CBR staff.
San Isidro Vocational Centre	Education, Livelihoods	Special Vocational School has programs in woodworking, life-skills, agriculture, poultry raising etc. They also have boarding facilities. The program is only for students who are deaf, have hearing impairments, or students who are non-verbal. There are currently more than 30 students. Respondents report that graduates of the program have successfully gotten jobs.



People with Disabilities Solomon Islands (PWDSI)	Empowerment	National DPO runs disability awareness programs, rights education programs and does advocacy on UNCRPD. It also has Self Help Groups in six out of ten provinces. They run rights training for people with disabilities, but the whole community is invited to attend. Currently young PWDSI members, who were part of an ALAF program are going to work in the provinces to develop Self-Help Groups.
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Tonga		
Provider	Area(s) of work	Program Description
Mango Tree Centre, Nuku'alofa	Rehabilitation	Provides early intervention for children with physical disabilities and development delays. Respondents report that there are no staff members with professional qualifications, though the current staff have received training from visiting professionals. An occupational therapist provides weekly services. The centre has some equipment for use on site.
OTA Centre (Red Cross), Nuku'alofa	Education	Special school, which also has physiotherapy sessions that are run on a weekly basis. Respondents report that service providers don't have formal qualifications, though current staff have participated in training from visiting rehabilitation professionals. There is currently a JICA funded volunteer qualified in Special Education.
Viaola Hospital, Nuku'alofa	Rehabilitation	This is the only physiotherapist in Tonga based at the Hospital, who also has commitments to the National Rugby Team and therefore not always available to provide services.
GPS Ngele'ia, Nuku'alofa	Education	Primary School running an inclusive education program. There are no formal support services, though sometimes parents stay in the classroom to assist the teachers. Teachers use some sign language. A ramp has been built to facilitate access.
Tongan Institute of Education	Education	Diploma of Teaching is offered and third year students undertake a compulsory subject in inclusive education. As part of the program students learn about inclusive education policy, global trends, different disabilities, strategies for modifying curriculum and some sign language.
Ministry of	Education	Provides in service training / workshops for teachers on inclusive education. Workshops include topics such as

Education		disability awareness, practical tips for the classroom, resource development etc. The program is provided at least once a year to but timing and duration varies depending on funding. Early childhood education teachers are also encouraged to attend.
Naunau O' E' Alamaite, Tonga Association (NATA)	Empowerment	The national DPO NATA has been involved in activities including lobbying for the signing of the UNCRPD and advocating for changes to building codes to ensure access for people with disabilities.

Tuvalu		
Provider	Area(s) of work	Program Description
Princess Margaret Hospital	Rehabilitation	Provides physiotherapy at main hospital in capital city. There are very few assistive devices available, and these are only for temporary use.
Red Cross	Rehabilitation	With donations from Japan, provides assistive devices (such as wheelchairs, walking frames and crutches).
Fusi Alofa Association of Tuvalu	Social	National DPO which has recently received a grant from the Disability Rights Fund to increase awareness and understanding among persons with disabilities and community leaders across Tuvalu about the rights of people with disabilities.
Vanuatu		
Provider	Area(s) of work	Program Description
Disability Promotion and Advocacy Association Vanuatu (DPA)	Empowerment, Social Support, Livelihoods	The National DPO also has a presence in Luganville, Santo, provinces and islands and does awareness raising, advocates for rights and barrier-free environment and community based education programs (including sign language).
Wan Smolbag Theatre	Social Support	Wan Smolbag Theatre is a travelling drama group which includes actors with disabilities and performs plays on disability issues. According to an AusAID respondent, the group is extremely popular in Vanuatu. <i>Wan Smolbag</i> also produces a TV program called 'Love Patrol' which includes disability-related themes and is aired in other Pacific Island Countries, including Papua New Guinea. The <i>Wan Smolbag</i>

		model of inclusion is worth further study and profiling. The other programs coordinated by <i>Wan Smolbag</i> , such as a health service, youth programs, HIV prevention initiatives and sports clubs are inclusive of people with disabilities to a much lesser extent.
Vanuatu Society for Disabled People (VSDP)	Rehabilitation, Education	Originally a small centre for children with disabilities, VSDP, located in Port Vila has now developed a community-based programme with an increased clientele of all types of disabilities. Field workers have been trained from and are involved in school screenings funded by UNESCO. Currently assistive device provision is on an ad-hoc basis, dependant on foreign donations. Donors are limiting engagement due to financial management concerns.
Ministry of Health	Rehabilitation	Respondents report that there are physiotherapy services but assistive devices are limited. There are no services / devices in the provinces.
Sanma Frangipani Association	Education	Community based education located in Luganville.
Vanuatu Paralympics Committee (VPC)	Social Support	Community based sports program in Port Vila.
Ministry of Justice		There is an Officer for Disability within the Department of Social Welfare who coordinates the national disability program
Ministry of Education	Education	There is a coordinator for inclusive education.